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The Preliminary Term for the Session of 1861-2, will commence on MONDAY, SEPTEMBER 23, and continue four weeks, until the opening of the Regular Term in October.

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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VI.—PART I.

The Diseases of the Mouth, and their Relation to Dentition.—Stomatitis, and its different forms.—Glossitis.—Parotitis.—Differential Diagnosis in relation to Etiology.—Treatment without regard to Dentition.—Muguet.

No part of the infantile organism is more exposed to injurious influences than the mucous membrane of the mouth, nor is there any which is more frequently observed to suffer. Traumatic injuries are not frequent, except those sometimes produced by sharp margins of teeth irregularly shaped; the more frequent affections are those resulting either from chemical influences, or from an excessive degree of temperature. The mucous membrane of the mouth is very irritable, being accustomed only to amniotic liquor in fetal life, and to milk in the early stage of extra-uterine existence. Every change in the diet, therefore, the bad quality of the maternal or artificial nipples, the use of candy, sucking bags, or alcoholic beverages, coffee, or stimulants of whatever kind, will act as irritants, producing hyperemia or inflammation in a more or less severe form. It is by no means common to observe very severe forms of stomatitis after all such preceding causes; on the contrary, the large majority of cases, including those depending on primary acute catarrh of the stomach, and the raising of a large quantity of gastric acid, so frequent in infantile age, are very mild. Nor are some of the most severe forms of stomatitis in adults often found in early age. Thus it is a peculiar fact that the influence of the external and internal use of mercury has little influence on the mucous membrane of the mouth, or the salivary glands, in infantile life. Whatever the consequences of the administration of mercurial preparations may be, salivation, or even a mild form of erythematous stomatitis, is seldom observed; in a large number of adult patients there will perhaps none be found who will not suffer from a certain amount of mercury, but of infants and children of even more advanced age, those who show mercurial symptoms are exceptions to the rule.

There are a number of indirect influences also observed to produce the common, or erythematous form of stomatitis. It will often be seen in dependence on, or in connexion with traumatic injuries of the face, erysipelas, and hyperemia and inflammation of the pharynx. It is further seen under the influence of many dyscrasic processes, as it is a very common symptom attending scarlatina, variola, morbilli, syphilis, and typhoid fever. It is frequently, as its causes will often continue or return, or be replaced by others, of long duration and obstinacy, like the pharyngeal hyperemia and swelling in adults, and very generally proves a serious difficulty, although unattended by severe fever or deep-seated anatomical disorganization of any particular organ. Injection, swelling, high temperature, and slightly reddened color of the mucous membrane, copious or suppressed secretion, and pain on being touched, are the usual symptoms of the common form of erythematous stomatitis.

A more severe form is that known by the name of aphthous stomatitis. The superficial layers of the epithelium are not thrown off during the hyperemic swelling of the mucous membrane, as in erythematous

stomatitis, but a real and visible change takes place in the anatomical structure of the follicles. There is a circumscribed, punctated, vascular injection around a follicle, which is gradually infiltrated by exudation. The consecutive swelling increases in proportion, the follicles will burst and exhibit a superficial erosion, or ulceration, and the adjacent mucous membrane will be sympathetically affected. Some of these cases, which are by no means very frequent, look very much like the vesicles of labial herpes, with the only exception that they are less accumulated on a certain small locality; some may be explained by mechanical injuries, some cannot be explained at all. If it was not for those cases occurring in the first two months of life, so well described by Beduair, aphthous inflammation of the mouth would be a very rare disease; at all events the first stage will seldom come under observation, and usually the second stage, in which the vesicles are fully developed, is brought unto your notice.

That dentition, that is, the protrusion of teeth through the gums, can have nothing to do with this form of stomatitis, is manifest from the fact that it occurs mostly in the earliest period where teeth protrude in but very rare and exceptional cases; and that, whenever it is seen in advanced age, no connexion, either causal or as to time, can be found between the two. Much less can be said of all the forms of inflammation of the tongue known to be the consequences of caustic substances, combustion, or the poisonous stings of insects; this parenchymatous glossitis has not even been supposed by the most ardent advocates of the universal danger of dentition to be the result of its influence. Nor are the most severe forms of disease of the mouth attributed to dentition, like noma, or scurvy, or diphtheritic inflammation. They are, like the usual forms of stomataceae, in which fibrinous exudations are deposited into the superficial layers of the mucous membrane, with an immediate tendency to gangrenous decomposition, well known to be not only the result of a local affection, but more so of a general decomposition of the blood. They are to be considered as the local symptoms of a general disease, the former being entirely subordinate; to say nothing of the age in which they occur by preference. Diphtheritic inflammation will occur in any age, but mostly between the first and third, at all events rarely before and during the protrusion of the first incisors; scurvy, noma, and stomataceae are mostly seen in a somewhat advanced age, between the fourth and tenth years of life. In these, the local affection is something; but the larger amount of the symptoms and of danger depends on the general character of the disease.

There is another form of disease, on which nearly the same remarks may be made. Inflammation of the parotid gland, both idiopathic and symptomatic, is not a very uncommon disease, except in the age of dentition. Idiopathic parotitis will usually occur as an epidemic disease, in a similar manner as diseases of the larynx, or pneumonia, will appear as an epidemic, from some causes not perfectly understood, but depending on season and the constitution of the atmosphere; this idiopathic form is seldom seen both in the first year of life and in senile age. The symptomatic form, which will usually terminate in suppuration, and is observed in certain epidemics of typhoid fever, cholera, septicohæmia, and in some of variola, measles, dysentery, and pneumonia, is very rarely observed in small children; and therefore, among the causes of the above-named diseases, dentition is out of the question, with the exception, perhaps, of an occasional case of slight swelling of the parotid gland, brought on by the contiguity of the mucous membrane. I certainly do not deny the possibility of erythematous stomatitis occurring during the protrusion through abnormal gums, or perhaps an abnormal tooth, in an abnormal direction, and in an abnormally irritable child—one or more of these conditions being together, and therefore admit that a mild parotitis may sometimes occur in a causal connexion with dentition; but what I deny, and have attempted to prove by the illustration of the physiological process of

dentition, is this, that diseases depending on this process are not the rules, but the exceptions. At all events, not even the slightest erythematous stomatitis must be permitted to go on the plea of dentition, unless there is a local hyperæmia of the gums, the seat of the supposed cause of disease, corresponding with the more general affection. I lay the more stress on this, as I believe I have shown by the numerous causes of stomatitis exhibited to you, that we need not be at a loss to find a cause in any given case, if we are competent to form a differential diagnosis. As long as there is certainty, we had better not resort to hypothesis or conjecture.

If a large number of cases of stomatitis was the result of dentition, why is it that a uniform mode of treatment, if any is resorted to, has not been accepted in these cases, relating to, and dependent on this cause? And why is it, that if any uniform treatment has been accepted, and is recommendable, it is just such as has no connexion whatever with dentition? And why further is it, that having no regard whatever to either teeth or gums, it is so uniformly successful? I speak of the chlorates of both potassa and soda, the effect of which in all these cases can no longer be doubted. It has long been a matter of difficulty after it had been largely introduced into practice, since the times of Hunt, West, Isambert, and others, to decide whether the effect was local or general. But the experiments of Gamberini and Semmola show, that the local effect of chlorate of potassa in mercurial stomatitis is very little, if any; but that the same remedy administered in sugar-coated pills, had a satisfactory effect. My own experience has led me to the same conviction, although, if any local effect is produced, it could be done by the chlorate being transmitted into and secreted by the saliva.

Another of those diseases often enumerated among the consequences of dentition is that sometimes called membranous stomatitis, now better known by the French name of "muguet."

Muguet is an affection which a few facts will prove to have not the slightest connexion with dentition. It has been generally observed in new-born infants, or in those but a few weeks old, but it is occasionally met with in more advanced life, even in adults suffering from exhausting and fatal diseases, towards the close of life. It is known by the occurrence of whitish or greyish, cream or cheeselike deposits of variable sizes, on the mucous membrane of the upper part of the digestive tract; they will be found on the lips, tongue, cheeks, pharynx, even in the larynx and œsophagus, but never in the stomach. One of its prominent symptoms, as described by adults, is a burning pain in the mouth, corresponding with the local affection; that infants suffer in a similar manner, is proved by their crying on being touched, and by their unwillingness to take the breast or swallow. Where no deposit happens to be seen, the mucous membrane appears injected, dry, and smooth, and but little mucus and saliva is secreted. In perhaps every case diarrhoea has been observed; so regularly indeed, that Vallæix speaks of diarrhoea as one of the common and almost pathognomonic symptoms of muguet. It is, however, probable, that its cause is to be sought for in the impaired digestion, want of mastication, absence of saliva, and affection of the mucous membrane generally.

The enumeration of a number of symptoms does not explain the nature of a morbid process, or a pathological deposit; and nothing but a description of the pultaceous deposits on the mucous membrane will illustrate the morbid change taking place in the mouth. They consist of the mucus of the lining membranes, of old and new epithelial cells, of fat globules, particles of food more or less decomposed, and finally, of microscopical fungous growths of different size, with sharp outlines and indentations, from which equally composed thalli will originate, to such a number sometimes as to form a network of dendritic parasitic tissue. The fungus was discovered by Robin, and called *oidium albicans*, and has been described by Laycock, Gubler, and a host of other medical writers. It is not

known in any form differing from that found in the mouth, and it is probable that it is, as such, contained in the air, and deposited at the entrance of the digestive organs; at least no other opportunity for its occurrence on the mucous membrane of the mouth is possible. It may be transmitted by the atmosphere, or transplanted from one individual to another by direct contact, by the use of the same spoon, etc. But it will not always develop itself with the same readiness, certain conditions being required. They depend on an acid condition of the mucous secretion of the mouth, a certain dryness and injection of the mucous membrane, feebleness of mastication, and easy access of air. It is important to observe, that the secretion (as far as it is kept up) of the mucous membrane of the mouth is acid instead of alkaline. It is very frequently found in infants whose mouths are not kept so clean as they ought to be, who are accustomed to sleep while, or immediately after, taking the breast, and retaining milk in their mouth, which soon is decomposed and acid. Muguet is therefore often found in foundling hospitals, where the inmates receive but little care, and uncleanness is almost the general rule. Where proper cleanliness is strictly enforced, no muguet will appear, because no parasitic fungus is allowed to settle and form a crust of pultaceous matter. Thus pure water is both the best prophylactic and curative agent; the only thing worth adding is a small quantity of alkaline substance, chlorate of potassa or soda, carbonate of potassa or soda, biborate of soda or chloride of sodium. The mouth of every infant ought to be washed out after each meal, to be certain that no deposit remains on the mucous membrane. Where such has been the case, the local treatment alluded to is perfectly sufficient. The deposit is found in the superficial layers of the epithelium; it seldom reaches the deeper ones, and scarcely ever implicates the lining membrane itself. Thus cleanliness will remove the affection; the surface sometimes bleeds when the deposit is rubbed off. The addition of sugar, rose-honey, or syrup, to the water (or weak alkaline solution), must be strictly avoided; these substances will adhere to the lining membrane and themselves undergo decomposition and prove a source of new difficulties.

The occurrence of muguet, then, is a mere accident, and has no intrinsic connexion either with a distinct morbid process, or with any certain period of early infantile development. It is no more characteristic of any constitutional disease, or general condition of the system, than tinea favosa on any part of the surface, which may be communicated from either man or animal, or scabies. You readily perceive that there is no shadow of a reason to search for any connecting link between the formation and protrusion of teeth and the accidental peculiar deposit on the mucous membrane of the mouth, called muguet, which years ago could be taken for a special kind of exudative stomatitis, but is now well understood.

BOYLSTON MEDICAL PRIZE.—This prize, consisting of sixty dollars, or a gold medal of that value, has been awarded to R. M. HODGES, M.D., of Boston, for the best Essay on Excision of Joints.

HONORARY.—The British Medical Association, at its recent session, elected as an honorary member, WILLIAM A. HAMMOND, M.D., Professor of Anatomy and Physiology in the University of Maryland, and now of the United States Army. The honors of that Association are worthily bestowed.

DEATH OF LADY BRODIE.—The wife of the distinguished London surgeon, SIR B. BRODIE, recently died at his country-seat. She was a lady of great benevolence.

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.—Dr. E. Noeggerath has been called to the chair of Clinical Midwifery and Diseases of Females in this institution. A new chair, Ophthalmic and Aural Surgery, has been created, to which Dr. W. F. Holcomb of this city has been appointed.

Original Communications.

PAPERS ON

MINERAL WATERS AND THEIR USES.

EMBODYING THE TWO DISCOURSES PRONOUNCED BEFORE
THE NEW YORK COUNTY MEDICAL SOCIETY.

By HANBURY SMITH, M.D.,

OF NEW YORK.

No. III.

INDICATIONS FOR THEIR EMPLOYMENT.

I SHALL now treat of the *indications for the internal employment of Mineral Waters.*

Every man of experience knows too well how large a proportion of the cases he is daily called upon to prescribe for, are mere functional derangements, increased sensibilities, or results of loss of tone. The disordered condition may be an abundant source of annoyance and suffering to the patient, yet not have reached the dignity of nosological baptism. The physician hesitates between dietetic rules and positive medication; justly dreading the disturbing effects of the one, scarcely feeling confidence in the unaided powers of the other. Mineral waters have an exhaustless store of resources, including every variety of medicine that can be required, in elegant form, susceptible of the most exact graduation of dose, and of the nicest adaptation to the exigencies of each case; alterative, laxative, tonic, resolvent, deobstruent, in admirable combinations and almost endless variety; in states of solution grateful alike to palate and stomach; requiring no previous digestion to eliminate active principles—hence suited to the most delicate and irritable of constitutions; bearing, in the words of a modern writer, “the same relation to the ordinary remedies which food partially dissolved and liquid bears to the common products of cookery.” It is astonishing how rapidly many of these derangements are relieved, and the patients restored to a sense of vigorous health, by a cautious use of such waters as the Franzensbrunn of Eger or the Kreuz of Marienbad, both containing sulphate, muriate, and carbonate of soda, iron, and manganese. They are mild, cooling, alterative, and chalybeate; and the former specially adapted for members of the learned professions and literary men, as requiring a less strict attention to dietetic rules than some others.

There is a class of very troublesome cases further removed from the standard of health, in which decided functional derangement calls for medical interference, yet none of the ordinary prescriptions succeed in giving relief, either failing to produce their accustomed effects, or doing so with so much disturbance as to make the remedy worse than the disease. Suppose the liver to be at fault, the common-salt waters, rich in chloride of magnesium, or the glauber-salt alkaline waters afford every hope of speedy benefit. Do you wish an efficient purgative cholagogue, the whole class of bitter or Epsom salt waters, as Salschütz, Püllna, Friedrichshall, or best of all the Kissingen bitter-water, will be found efficient, and far more satisfactory in their operation than most of our ordinary prescriptions. The two former, in which sulphate predominates, are powerfully antiphlogistic; the latter, comparatively richer in chlorides, are less lowering, standing as it were half-way between the former and the more tonic saline waters. Where there is a high degree of irritability, what I may call the sedative action of some waters, especially the mild alkaline glauber-salt, is very remarkable. Of course this calmative effect is secondary, and due to the neutralizing of acid, the improvement of digestion, and the elimination of effete and offending material, whereby the quality of the fluids is improved, with a corresponding invigoration of the whole system.

It frequently happens that iron is plainly indicated, and yet that administer it in what form or combination we

may, it disagrees, producing headache or general erethism; mineral waters offer us a variety of combination with chlorides, carbonates, or sulphates, with one or other of which we are almost sure to succeed. If the water does not agree when taken early in the morning fasting, it will often do so when administered after or even with meals. In the most striking case I can call to mind, where after a frightful hemorrhage accompanying a miscarriage, a lady, the daughter of a distinguished Western physician, remained apparently in a hopeless condition of anemic debility, which resisted the most judicious treatment, the adoption of Pyrmont water as a common beverage at meals, flavored with the addition of a little sparkling Catawba, proved rapidly restorative, and the patient recovered vigorous health. Two others, each nursing their second children, subject to nursing sore mouth, and who made no progress under the use of the largest doses of the various chalybeate preparations which the stomach would bear, such as the citrate, ammonio-citrate, and lactate of iron, together with the most nourishing food, but remained feeble and chlorotic, were ordered a course of the same water taken early before breakfast, in the regular way. At the end of a week the improvement was manifest to the eye, and a month's use of the remedy sufficed to establish a condition of better health than either had enjoyed since the birth of her first child. These two cases also illustrate the well known *persistent effects* of this class of remedies in a remarkable manner; the next child borne by each, being larger and stronger than either of the two previously born, and during a protracted lactation, neither of the mothers was again afflicted with “stomatitis,” but enjoyed good health.

Mineral waters are *peculiarly indicated* in the general or diathetic diseases, of which I will place *gout* and *rheumatism* first, for in no class have these agents a renown reaching so far back in antiquity, and contemporary appreciation so complete and extensive. It is true that at most of the springs to which cases of these diseases are sent, bathing forms a main element in the treatment; but the advances of modern science enable us to build hopes of much success in the cure of rheumatism, and in the prophylaxis of gout, from the internal use of the waters alone. To fulfil the latter intention, a prolonged daily use of very moderate doses of a mild alkaline glauber-salt water, like Marienbad-Kreuzbrunn, has given me satisfaction; while in feebler subjects, and for prophylactic purposes especially, the common salt waters, rich in iron, are preferable. The stronger alkalines, as Vichy, have long been famous; and when abdominal plethora is marked, the hot, alkaline glauber-salt waters of Carlsbad are indicated. The daily use of one or two glasses of the latter, the first thing in the morning, for nearly three years, in a plethoric lady previously almost never free from gout or dyspepsia, seems to have eradicated the tendency to either, as she was not only free while regularly taking it, but having gradually left it off during the last two years, there has occurred no relapse.

In obscure attacks of probably rheumatic character, the powers of this water are so remarkable that I am constrained to be rather more diffuse in descanting upon them, out of pure gratitude, for benefits derived in my own case. Inheriting the gouty constitution for at least three previous generations from both parents, subject to chronic rheumatism from youth, and after the age of forty to that form of arthritis in the finger-joints, to which the term rheumatic gout is commonly applied, I wrenched my right shoulder by an awkward fall from the hayloft into my stable. After a few moments of pain, I was able to continue the carpenter work in which I had been engaged. Some time after, I noticed increasing difficulty in raising my arm or trying to pass the hand behind my back, together with a very severe pain on making any sudden jerking movement. An aching at night was next super-added, and to mend the matter an upset from my buggy wrenched the left shoulder, in which the same train of symptoms followed. The pain on getting warm in bed became intolerable, only to be partially overpowered by

narcotics. The palsy of the arms increased till I was all but helpless, and could not lift a plate from the table with outstretched arm, though capable of bearing a considerable weight, as a bucket of water, for a few moments, when it hung straight down. Thus I suffered for a year in spite of all the treatment that judicious and kind medical friends could suggest, and my general health was rapidly giving way. I then bethought me, that were I in Europe, I would certainly try Carlsbad water, and constructed the proper apparatus for its production, and dispensing at the right temperature. The first days of May, 1856, I commenced the use of this water, and in a week was free of all pain; mobility of the shoulders was soon restored, and the painful swellings of the finger-joints were dispersed. The severity of the case may be judged of from the fact that it required a twelvemonth's time before the wasted muscles of the arms and shoulders recovered a tolerable share of their previous volume and power. A fellow practitioner in the same town, having had acute rheumatism, a painful chronic condition about the shoulders and back of the neck proved rebellious to all treatment employed: ten days' moderate use of Carlsbad gave perfect and permanent relief.

In old or anomalous forms of gout and rheumatism, accompanied with cachexia, the iron waters proved very serviceable, such as Spa, Pyrmont, Driburg, or the mild chalybeate alkaline glauher-salt Eger; but if there remain sufficient vital energy, Carlsbad is unquestionably the remedy. Its use however requires great care, and in more irritable subjects, or where there is any tendency to hyperæmia, general or local, it is better to begin with the waters of the cooler springs, or to add Marienbad-Kreuz, so as to lower the temperature to 115° or 120° Fahr., which will secure a mild laxative effect; the proportion of such addition may then be gradually diminished and the temperature thereby elevated. Accident has taught me that a mixture of equal portions of Vichy and the Rakoczy of Kissingen affords the most resolvent and least debilitating form of mineral water medication for this class of cases, and worthy of extended trial.

OPERATION FOR THE

REMOVAL OF THE HEAD AND NECK OF THE OS FEMORIS,

IN A CASE OF MORBUS COXARIUS—CURE OF PATIENT.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

MASTER M. H., æt. thirteen, afflicted with hip-joint disease for four years, was brought to me in March, 1857. Six sinuses leading towards the joint were found; two terminating external to the trochanter major, and four considerably above, one near the crest of the ilium. But a probe could not be introduced so as to touch any portion of the diseased structures constituting the joint, though small portions of exfoliated bone had been thrown off through these sinuses at different times. The leg of the diseased side measured about two inches less in length than its fellow, and was only about one half its size. The leg was flexed and fixed in that condition.

Operation.—The patient was placed upon the right side (the left being the seat of disease), an incision was made nine inches long, extending from the orifice of the upper, to that of the lower sinus. The lower part of the incision was made directly in front of the trochanter major. The upper extremity was made to pass through parts of the gluteus maximus and medius muscles. Having exposed a portion of the trochanter major, a bone chisel was taken, and the soft parts removed from the bone, following it along from the greater trochanter to the inner extremity of the cervix of the femur and the margins of the acetabulum. The capsular ligament was nearly destroyed, but an adventitious formation, corresponding slightly to that tissue, was

found connecting the internal extremity of the cervix of the femur to the margins of the cotyloid cavity. On pressing upon this structure, purulent matter was forced out through the openings made by the process of ulceration. After finding this state of the parts the joint was opened at once, and the true condition of the articulating faces revealed. The entire head of the os femoris was ulcerating, as was also the articulating face of the acetabulum. The head of the bone was therefore taken away, and likewise a small amount of the cervix. The major portion of the acetabulum was then removed with a bone chisel. The ligamentum teres had been destroyed by the process of ulceration.

The bony tissue being removed as mentioned, the wound was fully absterged and the parts examined, to see if any more diseased bone tissue requiring removal remained. None being found, the wound was dressed by applying a piece of lint, wet with an evaporating lotion, in the wound, one end of which was introduced into the acetabulum, filling the space previously occupied by bone. A roller was then applied, commencing at the toes of the limb of that side and continuing up and around the hips as tightly as the patient could conveniently bear it. This was wet with an evaporating lotion every two hours for ten days, when an aqueous solution of permanganate of potass (four grains to the ounce) was applied instead for a week longer, when the dressing was changed for the first time, a major portion of the lint being permitted to remain still in the wound. At the end of four weeks after the operation, the lint was removed from the wound, soap suds injected into the cavity, and the surfaces, whence the diseased bone was taken, examined. These were found covered with healthy granulations. A second piece of lint was loosely introduced into the wound, and the roller still applied as before. The amount of pain experienced by the patient on taking off and reapplying the roller was not very great, but sufficient to afford an objection to the frequent repetition of the change, and the roller was permitted to remain over two weeks at first without any change, partly for this reason, and partly because the proper adjustment of the roller is one of the most important features in the after treatment of this and similar cases. It is to the tightly adjusted roller that we owe the consolidation of the tissue and freedom against the burrowing of purulent matter, a condition so much to be dreaded; the bane in fact of this class of operations. The opening into the joint was made to heal by granulation entirely, but at no time was the granulating surface painful, or otherwise in an unhealthy condition. The patient had not an untoward symptom during convalescence, and at the end of six months from the period of the operation, was able to walk considerably, and constantly improved for five months more, when he was able to walk four miles a day with no other aid than a cane, the wound being at this time entirely cicatrized.

A CASE OF SUICIDE.

By H. M. PAINE, M.D.,

OF CLINTON, N. Y.

I WAS called in haste, about five o'clock Sabbath morning, May 6, 1860, to see Mr. Orville Loomis, who had just committed suicide by cutting his throat with a razor. I found the body lying on the floor in a bedroom, at the foot of a bed on which his son was sleeping, and between it and the bureau, with his head towards and near to a low window. The foot of the bed and the bureau faced each other, and were four or five feet apart, with the window between them. His head was about one foot from the wall beneath the window—his left shoulder eighteen or twenty inches from the bureau, and his right the same distance from the bed—his body lying parallel with the face of the bureau and the foot-board of the bed.

The blood did not extend above his head. It extended on the left side of the body about one foot, and as far as the hips, and on the right side sixteen or eighteen inches,

and nearly as far as the feet, though twenty or twenty-four inches from them. The blood that appeared to be arterial, was mostly clotted, of bright red color. The clots were chiefly found near the body, especially under the thorax. The quantity of blood was three or four quarts. The blood was spattered on the bureau in a space opposite the shoulders and extending up the bureau eight or ten inches from the floor, which, from their form, indicated that they were made by counter-spattering from the floor. There were no streaks of blood from them down to the edge of the bureau. The under edge of the bureau extended to within three or four inches of the floor, and under it were a pair of shoes, upon which were also spots of blood. There were no spots on the wall at his head, or anywhere on the bedstead, but some were noticed on the carpet a few inches beyond the portion saturated; nothing, however, which would indicate spurting of blood directly from the wound.

The cut commenced about half an inch below the lobe of the left ear, and extended transversely across the neck between the larynx and hyoid bone, to about the same point on the right side, severing all the tissues and blood-vessels, anterior to the vertebral column, which was exposed an inch in extent. The wound may have been made by one incision, although a cut upon the under surface of the hyoid bone may have required another stroke of the razor: whether there was more than one cut, I was unable to determine. He wore heavy whiskers, through which the cut extended for nearly its whole length. His countenance was pale and haggard, and eyes and mouth partly open. The body and limbs were flexible, and the position natural, the left arm lying by his side.

The razor with which the deed was committed was rather small in size, and was found grasped in his right hand underneath his body.

The deceased was about fifty years of age, of slender form, five feet six inches high, and of ordinary strength and activity. He was unquestionably insane, and had been for several months.

ONEIDA Co., N. Y., Aug. 1st, 1861.

NOTE TO SERVE IN THE HISTORY OF RHEUMATISM.

By DR. ALEXANDER MAYER.

[Translated by DR. C. F. DIEZLADES.]

Nothing is more common in medical practice, than to meet, even after long experience, with facts which disprove established opinions, not based on actual cases, and which no received theory in science can explain. The perplexity experienced in such cases is really an intellectual torture, from which we instinctively try to escape, by interpreting in our own way the puzzling phenomenon, in order to adopt a treatment which may at least satisfy our reason. If we succeed in a cure of the case, we will at least momentarily forget it, unless a similar case forces it on our memory. But if it ends fatally, our conscience as physicians will keep a sad remembrance of it, a remembrance which nothing could henceforth efface; and if, later, some new specimen of the same disease offers itself to our observation, our mind, enlightened by an anterior failure, will lead us to adopt a line of conduct in harmony with the doctrine, true or false, which shall best explain to us the pathological enigma. Whatever may then happen, we have an imperative duty to fulfil; we must publish what we have seen, in order that others, adding their cases to ours, a mass of facts may at length be collected sufficient to lead to the description of a disease, which, on account of its variety, escaped until then the sagacity of the majority. Thus we will serve the interests of humanity and of science.

The disease in question is undoubtedly not new, but it is perhaps more frequent than formerly, if I may believe what I have heard lately about strange deaths following muscular pain, having its seat sometimes in the shoulder, sometimes in the lower extremities, at other times also, on any part

of the body. By comparing those very sudden deaths, which nothing could lead us to anticipate, with the facts which we have witnessed with astonishment, I think myself authorized in referring them to the same cause; and in drawing the attention of my confrères to them, I am persuaded that I am doing a useful work, and my ambition does not go beyond that.

Three cases which have come under my observation, will serve as basis to the argument.

CASE I.—N. M. was a very dear friend of mine, 43 years of age, emaciated, weak, and had for a long time been subject to gastric derangements, when, towards the end of September, 1859, he consulted me for a diarrhoea, which took away the remainder of his strength. He had just lost his situation, which secretly gave him much grief. After a careful examination, I came to the conclusion that my poor friend's life was threatened at its very source. He complained particularly of a sharp pain in the region of the heart, which caused him an inexpressible anxiety. He suffered at the same in the lumbar muscles. His appetite was completely gone. There was no fever. I should have remarked, that the winter before, the patient had kept his room more than a month, for muscular rheumatism, complicated with bronchitis and a most intense pleurodynia. I advised a treatment more hygienic than medicinal, intending to meet pressing indications as they would appear.

At the end of a few days, a terrible phenomenon made its appearance, the pain in the region of the kidneys increased, and retention of urine, which had lasted more than twenty-four hours, obliged me to use the catheter to empty the bladder. Nearly two quarts of urine were evacuated. The bladder ceased its function, and the fever was lit up. At the same time the rectum became paralysed, and the most active purgative could not rouse it into action, and soon the lower extremities became painful in their turn, so as to draw cries from the unfortunate patient. I had leeches applied at the lower part of the spine. A few hours after the patient wanted to get up to have his bed made, and his bloody clothes changed; but hardly was he in his arm-chair when syncope supervened, and he had only time to ask to be replaced in his bed. But already his speech was only an unintelligible stammering; he had lost consciousness, and the whole left side was hemiplegic. Sensibility was abolished on that side. I prescribed a second application of leeches in the form of a crown to the forehead, and to let the blood run for a long time; sinapisms were applied to the calves of the legs, calomel was given internally, all in vain; the disease ceased not to progress towards its foreseen termination, and my unfortunate friend died after one of the most terrible agonies I ever witnessed.

In my own mind, not yet enlightened by the facts which follow, and which I have since observed, I had to deal with acute myelitis—a rare affection, it is true, from a spontaneous cause. If I have ever had recourse more freely to the extracting of blood, and above all to phlebotomy, the use of which was perhaps indicated by my diagnosis, it was on account of the general condition of the patient, who had long been anæmic and debilitated. However, I have often asked myself what would have happened, had I been less timid.

I hope I shall be able to establish this retrospective diagnosis; muscular rheumatism having invaded the heart, and ending in cerebral apoplexy.

CASE II.—Mme. D—, of Charonne, forty-five years old, plethoric, short, and rather corpulent, enjoying usually good health, sent for me, November 14, 1860; she had been suffering for a fortnight from an apparently slight disease.

Mme. D— had a violent cough which fatigued her much, and which returned principally towards the evening, continued during the night, broke her sleep, and lasted still a part of the morning. Her expectoration was scanty and catarrhal. Auscultation revealed the vesicular murmur throughout the whole extent of the chest, with here and

there some mucous and sibilant râles. No dyspnoea. The resonance, on percussion, was everywhere normal. In a word, the patient felt less anxious about her cold than about the sharp pains in the muscles of both her legs, and principally in the calves. Hence, the least movement was accompanied with pains, which could also be brought on by the touches alone. On the left side, the pain irradiated in the leg and simulated sciatic neuralgia by the course it followed. Moreover, there was no trace of fever either day or night. Little appetite, constipation.

I considered this case as muscular rheumatism, and did not hesitate in attributing also a rheumatismal character to the bronchial catarrh. I adopted therefore the simplest treatment—vapor baths, taken in bed, sedative embrocations on the legs enveloped in flannel, emollient drinks and douches containing opium, injections of oil, and suitable diet. Everything went on so exactly as I had anticipated, that on the 20th of November, that is, after six days of treatment, I ceased to visit Mme. D—, whom I looked upon as cured. However, on the 30th of November, I was again sent for, new symptoms having made their appearance simultaneously with the old ones which had reappeared.

Thus, the catarrh and the rheumatic pains of the legs had forced Mme. D— to take again to her bed; but she suffered greatly besides from an acute pain in the præcordial region, and an extreme uneasiness, the gravity of which she instinctively understood. The percussion and auscultation of the heart revealed no material lesion. I perceived very frequent palpitations, and such a change in the rhythm that sometimes the beating was truly tumultuous. Pulse from 110 to 114. Skin warm and covered with perspiration. At the same time the patient complained of a very intense cephalalgia, without any disturbance of the intellectual faculties. I was informed that Mme. D— was a prey to profound grief, which she endeavored to hide from her attendants and those about her. I prescribed again the same remedies which had acted so well before, adding only the tincture of digitalis, *intus et loco dolenti*; but this time I was less fortunate than the first, and, until the 17th of December, I obtained but a feeble amelioration in the rheumatism of the extremities, and an improvement in the frequency of the heart's pulsations, which nevertheless remained quite irregular. I intended to have applied the next day a large blister on the region of the heart, when, during the night of the 17th to the 18th, an attack of apoplexy supervened, for which, as I lived at a distance, the attendance of a physician of the neighborhood was summoned. This confrère diagnosed a rheumatism of the heart, and did not think it proper to bleed. He confined his treatment to leeches on the left side of the chest, evulsives on the legs, and a purgative injection. When I arrived on the following morning, I found her unconscious, with paralysis and insensibility of the left side and stertor. Two hours later she expired.

As has been seen, my diagnosis was not for a moment doubtful. It would indeed have been difficult not to recognise the rheumatic nature of the disease, and its extension to the chest, revealed by the nervous disturbance suddenly occurring in the functions of that organ. The cerebral apoplexy, as ultimate phenomenon, cannot either be contested in presence of the pathognomonic symptoms which I have described. So the morbid trilogy is here irrefutable; muscular rheumatism of the legs, its propagation to the heart, and lastly, fatal cerebral apoplexy.

CASE III.—M. P—, merchant, æt. 54, of a nervous sanguine temperament, originally robust, but worn out by rheumatic pains of many years' standing, which attacked in preference the thoracic parietes and the loins, sent for me. May 22, 1861.—He complained of excruciating pains in the chest and back, which impeded so much his respiration that he was afraid to be choked; he tossed about excessively. Movements of the trunk drew cries from him; auscultation and percussion revealed absolutely nothing. The pulse was small and frequent, but the skin

was not warm; no fever then. The urine, limpid and discolored, passed in great abundance. I was informed that Mr. P. was weighed down by deep grief, from considerable losses which he had just met. I prescribed an antispasmodic mixture, and yielded to the desire of the patient, who wished to go and take a Russian bath, because this remedy, which I many times had prescribed for him, had always relieved him. It was not so this time, for the next day I found Mr. P. nearly in the same state. I added to my prescription of the day before a liniment with a large dose of extract of belladonna, and a vapor bath to be taken in bed. The appetite was good, and I allowed him soups (potages).

24th.—Little change. The tongue was furred; there was nausea without vomiting; the urine was deeper colored. He had that morning a natural passage; an emetic, then an opiate, two grains of extr. gum. opii.

25th.—The vomited materials half-filled a basin; they were for the most part composed of bile and undigested food. There had been, at the same time, three passages from the bowels: the symptoms of the heart had increased. Mr. P. could move without uttering cries. Decubitus, dorsal. It was with difficulty that I succeeded in auscultating behind. It seemed to him, whilst he was held in a sitting posture, that a weight detached itself forward; that something broke loose in the chest. No abnormal sound was heard, either in the lungs or in the heart; only the pulsations were extremely frequent, but regular nevertheless. The heart had not increased in volume, and there was no indication of effusion in the pericardium; percussion was painful, but pressure on the different parts of the chest was now notably so.

During the day fever set on, and the head became heavy. The face and eyes were injected; the pulse strong and full, 120 to 124. I took from the arm sixteen ounces of blood, which covered itself with a rather thick buffy coat; the clot voluminous, swims in a small quantity of serum; absolute diet. I asked for a consultation. The confrère called in, recognised with me the rheumatic nature of the disease, but did not think the heart attacked. In his opinion, the intercostal muscles alone were the seat of the disease, and a few days would suffice to restore the patient. Here is the prescription:—dry cups on the region of the heart, a potion with the tinct. semin. colch. and frictions on the left side of the thorax, with a mixture of equal parts of tincture scillæ, tinct. digit., and tinct. semin. colch. The following days, and until the morning of the 28th, the patient improved; the muscular pains had almost disappeared, but the heart was still the seat of the phenomena described above, at a less degree however. For the first time, I considered myself authorized to desist a little from my prognosis. However, M. P. had the imprudence, in spite of his wife's entreaties, to go down to his store to transact some business, and then came back home. Everybody thought him well, or nearly so. I came in shortly after him and was the first to enter his bed-room, where I found him on the edge of his bed unconscious, paralysed, and insensible on the left side, and unable to answer distinctly my questions. His face was red, his pulse full and hard, and I could see from his persistence in carrying his hand to his forehead that he had pain there. I thought it right to draw from thirteen to fourteen ounces of blood from the arm, and I had two blisters applied on the thighs. But it was in vain; the symptoms became more and more serious. Consciousness returned only for some moments, during which the patient complained of sharp pains in the head, at one single spot situated to the right, above the eye. Then coma supervened, which abruptly ended in death.

Here the picture is much more clearly drawn than in the two other cases, and I need not insist on the diagnosis. As to the treatment, its failure will diminish the regrets which weighed on my conscience, by showing that general bleeding, which I had resorted to in the two preceding cases, from preconceived ideas, is quite as inefficacious in this disease to prevent death, as the other means which I had

vainly used until then. Here I am in presence of a three-fold problem which requires to be solved, and which I shall very summarily examine.

1st. Does muscular or nervous rheumatism enjoy, like articular rheumatism, the fatal privilege of invading the heart. In other words, is there a rheumatism of the heart having its seat in the very tissue of the viscera?

2d. Can we admit a relation of cause to effect, between muscular rheumatism of the heart and cerebral apoplexy, which, in the three cases I have reported, ended in death?

3d. Can the profound grief noticed in the three cases, be given as the exciting cause of the cerebral symptoms—what place must be assigned to them in the etiology of the disease?

SEC. I.—Every one knows that to Mr. Bouillaud belongs the honor of having been the first clearly to express the law of coincidence which connects acute articular rheumatism with the complications in the heart. But what I never found mentioned anywhere is, that it was in any way affected in muscular or nervous rheumatism. And, however, after all we know of the mobility of this affection, and if we consider that the heart is but a hollow muscle, what is there astonishing in this organ submitting to the influence of a morbid cause which respects no other part of the muscular system?

Do not believe, however, that I wish to establish any comparison between two diseases so radically distinct as articular rheumatism or better, *rheumatic fever*, and what is improperly called muscular or nervous rheumatism. However it be, whether there is or not any analogy between these two morbid entities, all I wish to prove is, that the heart is affected by muscular rheumatism, and that this affection in that organ manifests itself by symptoms *sui generis*, and is easily recognised.

Thus, in pericarditis or endocarditis, concomitant of rheumatic fever, auscultation and percussion reveal abnormal sounds, whilst, on the contrary, when muscular rheumatism affects the proper tissue of the heart, it gives rise only to functional disorders which manifest themselves by a more or less marked disturbance, general circulation, and innervation.

But what might be objected is, that my cases have no criterium, because they have not been completed by post-mortem examinations. I am sorry for this omission, which, in this case, is, however, less to be regretted than in many others, because it is well known that muscular rheumatism leaves no trace after death. It is not probable then, that any could be found in the heart rather than elsewhere. Since it is fully admitted that no trace is left in any part of the body, would it not be rash by induction alone to admit its existence in the heart?

After all, my purpose is to lead my confrères to make researches on a still obscure point of pathogony, and to induce those amongst them who are placed in more favorable circumstances, to complete this simple draught by microscopical investigation, which I have been unable to make?

SEC. II.—The three patients whose history I have related, died with all the symptoms of cerebral hemorrhage, such as, sudden loss of consciousness, persistent paralysis of motion and sensibility in one half of the body, &c., &c. Such is the simple fact, the chronological order in which the phenomena have followed each other; but what conclusions can we draw from this, without venturing into the fantastical regions of hypothesis? Must we see in these cases of death from the brain, but a portentous coincidence, or, on the contrary, must we connect the cerebral lesion with the disease of the heart, as a consequence of the profound disturbance which this latter causes in the two great functions of circulation and of innervation? I incline, I confess, to the last opinion; but I will not attempt to defend it against those who may refuse to accept it, because I could support it only by reasonings, and this kind of demonstration is not well received in these days.

SEC. III.—I shall only draw the attention of physicians

on this remarkable peculiarity, that, in my three patients, a profound grief caused by reverses of fortune, embittered their existence, and had, to a certain extent, prepared beforehand the impending decrease of the nervous centres. We may easily conceive how such predisposition can favor the appearance of the more formidable symptoms, in an organ like the brain, when the heart, to which it is allied by so close a sympathy, is itself violently disturbed by the presence of rheumatism.

Now, it remains to be ascertained if, aside from the cerebral complications, the affection of the heart was sufficient to cause death. Future experience will answer.

I shall make no comments on the treatment. As has been seen, the results have been unfortunate in the three cases, although I did not obstinately follow the same tract. There is, however, a remedy which I shall no longer use in such case, not because I think it hurtful, but because I think it quite useless, and that is colchicum, which I consented to prescribe in deference for the skilful and conscientious confrère I had called in consultation, and who insisted on my using it. I persist more than ever in confining the indications for this previous remedy within the limits of articular rheumatism.

SEC. IV.—From all that precedes I may conclude, I think,

1st. That muscular rheumatism may consecutively attack the heart in the muscular element, and give rise to unnatural symptoms of excessive gravity.

2d. That this rheumatism of the heart differs from pericarditis and endocarditis concomitant of acute articular rheumatism; in auscultation revealing nothing abnormal, except palpitations, in presuming that they throw the patient into an inexpressible anguish.

3d. Lastly, that under the influence of deep grief, this affection of the heart predisposes probably to apoplexy by cerebral hemorrhage, which, in the cases observed by me, caused death.

Reports of Hospitals.

BELLEVUE HOSPITAL.

A REPORT OF THE FEMALE FEVER WARDS OF BELLEVUE HOSPITAL, FOR JUNE AND JULY, 1861.

By ALFRED S. LOOMIS, M.D.,

Physician to the Hospital.

THERE have been received and treated in the female fever wards of the hospital, from the 1st of June to the 26th of July, twenty-one cases of fever, nine of which died. Two died a few hours after admission (in fact were dying when admitted), three within forty-eight hours, two on the third day, one on the fifth, and one on the seventh, after admission.

The days of the disease (as nearly as could be ascertained) on which the deaths occurred were, two on the fifth, one on the eighth, three on the ninth, one on the tenth, one on the twelfth, and one on the eighteenth.

Of the number treated, six were from Baxter street, three from Mulberry street, three from Mott street, the others from different localities in that vicinity. On investigation it was found, that since the 1st of April, at 87 Mulberry street, there have been sixteen cases of fever and five deaths. The first case was a child attending Pease's Mission school. At No. 90 Baxter street there have been four cases and two deaths. The first case was the child Julia Conway (a pupil of the Mission school), who was brought into the hospital in a dying condition. At No. 96 Baxter street there have been four cases and one death; the first occurring in a family that had formerly lived at No. 87 Mulberry street. At No. 2 Baxter street there have been seven cases and two deaths; the first case was the mother of a child attending the Mission school.

At No. 17 Mott street, six cases and one death in this house; the first case was a boy, a clerk in a store, at No. 89 Mulberry street. Rose Lane, admitted July 4th, residing at No. 163 East Thirty-sixth street, was a servant girl, who had friends in Mulberry street, whom she visited frequently, and some of whom had fever in June. Two cases were employees at the Mission-house. From further investigation, it is evident that this type of fever originated at the Mission-house, about the middle of February, the first case being Katy Way, a house child, who had been home on a visit a week before, to her friends in Hamilton street; but there is no evidence that she was exposed to any predisposing influence while on this visit. She was followed in about a week by Lillie Dale; and Dr. Joslin, who has charge of the Mission-house, states, that since that time he has treated about fifty cases in that institution. Previous to the appearance of the fever, the children had been remarkably free from disease.

All the patients admitted into the wards (as nearly as could be ascertained) were taken ill suddenly. The majority had had a well marked chill. Intense heat of skin was a prominent symptom in each case. In eleven, during the progress of the disease, one side of the thorax became markedly dull on percussion, fine crepitus being present, but no bronchial breathing or bronchopony, and at no autopsy was the second stage of pneumonia present. In all, at the outset of the disease, the tendency to stupor was strongly marked, the countenance assuming a dull livid hue; the eyes were vacant and suffused; the tongue in no case was heavily coated, but dry and red, from almost the commencement of the illness until convalescence was established, or death occurred. Diarrhoea, pain on pressure over the cecum, tympanitis, and gurgling, were present in three cases only. Delirium appeared in twelve cases, and in five it was of an active character, attended in each case with sleeplessness, suddenly (in the fatal cases) passing into coma.

The eruption appeared early; in one case so early as the third day it was spread over the whole surface. At its first appearance it was of a dusky pink color, partially disappearing on pressure; in a day or two it became darker in hue, and remained unaltered by pressure. It was distinctly visible in each case, until convalescence was fully established, or death occurred; and was present at the time of the autopsy of those that died, disappearing slowly on those that recovered. There were three exceptions to this statement, in which a few spots only appeared on the chest and abdomen, of a bright rose color, readily disappearing on pressure, each of which recovered. Albuminuria was present in three cases, two of which died. In five of those that died, coma preceded death. Eight autopsies were made. There was a remarkable uniformity in the lesions of all those that died. In no case were there found any lesions of Peyer's patches, or special softening of the abdominal viscera. The lungs, in many cases, were intensely engorged, but crepitated under pressure and floated in water.

The only characteristic lesions were of the brain, the vessels of which, in every instance, were engorged, and there were from one to four ounces of serous effusion under the arachnoid. The substance of the brain was harder than natural, and the cut surfaces of the organ were studded by numerous bloody spots.

Of those that recovered, convalescence was established in some as early as the tenth day, in others as late as the twentieth. A daily record of each case was kept by the house physician, two of which, as prepared by Dr. Sundam, house physician, I add to the report.

Case 1.—Julia Conway, aged 48, native of Ireland, residence No. 90 Baxter street, admitted June 6th. (Her daughter, aged seven years, was admitted at the same time, in a state of collapse, and despite the free use of stimulants, died in a few hours; no autopsy.) Nothing could be learned concerning her case, except that she had been sick ten days. On admission she was delirious, her delirium being of a violent character, refusing to remain in bed, and

shouting "murder" if touched. Pulse 103 and feeble; skin moist; anterior surface of the body covered with a mulberry colored eruption, slightly disappearing on pressure; tongue moist, and covered with a white fur.

Physical examination of thorax reveals marked dullness on percussion, with fine crepitus on the right side posteriorly. Ordered two grains sulph. quina every two hours, and all the nourishment patient can be made to take, and free use of stimulants. June 7th, 9 A.M.—Was restless during the night, sleeping not at all, requiring some one to be by her constantly to keep her in bed. Pulse 108 and full; tongue less coated and moist; skin dry; bowels have moved once freely; eruptions no longer changed by pressure, spread over the whole body, and assuming a darker hue. Still delirious. Respirations hurried. No change in physical examinations. Stimulus increased to $\frac{1}{2}$ j. every two hours. 3 P.M.—Pulse 110 and feeble; surface covered with profuse perspiration; tongue becoming dry and red; delirium muttering in character. Stimulus increased to $\frac{3}{4}$ j. every half hour. Blister applied to back of neck. 7 P.M.—Condition the same; still delirious, and now calls for her daughter, who came in with her, and died in a few hours. June 8th, 9 A.M.—Still delirious; pulse less rapid (100) and full. 8 P.M.—Called to her suddenly, and told she was dying; found her insensible; pupils contracted; surface cold, and covered with a clammy perspiration; pulse rapid and feeble. Learned that a few minutes previous, while lying quiet in bed, she had suddenly passed into this condition. Ordered sinapisms to the feet and legs, and additional stimulus, which, as she could not swallow, was administered per rectum. She remained in this condition until nearly 10 P.M., when she became conscious, and died at about eleven.

June 9th.—*Post-mortem Examination, Seventeen Hours after Death.*—Rigor mortis well marked; abdomen tympanitic; the spots of eruption present before death have now disappeared. Intestines healthy; no ulceration nor congestion. Spleen healthy. Kidneys slightly enlarged; capsules loosely adherent, intensely congested, filled with dark venous blood; slight fatty degeneration. Liver healthy. Lungs greatly engorged, especially on the right side, but crepitate under the finger, and float readily. Great engorgement of the superficial vessels of the brain; about three ounces sub-arachnoid effusion; as the knife passes through the brain, spots of blood follow it; no effusion of lymph. Substance of organ harder than natural.

Case 2.—Mary M.—, aged 36, native of Ireland, residence 96 Baxter Street, admitted June 6th. Two days before she had been seized with a chill, pain in back and limbs, loss of appetite, etc., and had since been unable to leave her bed. On admission her face was flushed, skin hot, abdomen tympanitic, tongue slightly coated but moist, pulse 89 and full, mind clear, no eruption.

June 11th.—Since admission there has been no change in her symptoms worthy of note; until this morning an eruption has appeared over the anterior surface of the body, of a dusky pink color, slightly disappearing on pressure. Heat of skin increased. Pulse 100 per minute, and feeble. Tongue moist, but red at tip. Ordered $\frac{3}{4}$ j. of whiskey every hour, with milk and beef tea. June 12th.—No change. June 13th.—Pulse 108; tongue still moist and red; face flushed; eruption darker in hue, not disappearing on pressure; no diarrhoea. Stimulus increased to $\frac{3}{4}$ j. every hour. June 14th.—Pulse 100 and feeble. Patient has slight cough. Physical examination of chest revealed marked dullness, with fine crepitus over lower lobe of right lung, posteriorly. No bronchial breathing. June 15th.—Face more flushed, eyes suffused, tongue disposed to be dry and red. Stimulus increased to $\frac{3}{4}$ ss. every hour. June 16th.—Eruption has become dark purple in color, remains unaltered by pressure. Pulse 110 and feeble. Tongue slightly brown in centre. Stimulus increased to $\frac{3}{4}$ j. every half hour. June 17th.—No improvement. Countenance assuming a mahogany hue; patient delirious, delirium of a mild character; needs to be spoken to loudly, before she

will answer. No cough or expectoration. Pulse 114. Tongue red and slightly dry, coated in the centre with a light brown fur. June 18th.—Delirium more decided; otherwise no perceptible change. June 19th.—Pulse 118 and feeble. Eruption unchanged in appearance. Dulness and crepitus less posteriorly. Stimulus increased to 3vj. every half hour. June 20th.—No change. Still delirious. Ordered hair cut off. Cold applied to head, and blister to back of neck. June 21st.—Worse. Respiration labored. Pulse 120 and feeble. First sound of heart indistinct. Tongue dry and red. Skin intensely hot. Increased stimulus to 5ss. every half hour. Turpentine stupes to chest. June 22d.—Respiration easier. Pulse almost imperceptible at wrist. Surface bathed in profuse perspiration. Lies almost unconscious. Stimulus same, with addition of ten grs. carb. ammonia every hour. June 22d.—Respiration easier. Pulse not improved. First sound of heart still indistinct. Lies almost unconscious. Vomits what she takes, especially the whiskey. Ordered acid hydrocyan. in one drop doses, and a mustard poultice over epigastrium. Whiskey 3i. every fifteen minutes, with carb. ammon. gr. v. every hour. June 23d.—Better. Pulse stronger, and not as rapid. Vomiting arrested. Is more conscious than yesterday. Carb. ammon. gr. v. every two hours. June 24th.—Better. Pulse 108 and fuller. Seems to feel the effect of the stimulus. Decrease it to 3i. every half hour. Eruption has entirely disappeared. June 25th.—Improving. More conscious of what takes place around her. Whiskey decreased to 3ss. every half hour. While she was so very ill, the condition of the lungs could not be ascertained, but on examination to-day, nothing abnormal is noticed. July 1st.—Since last report, the patient has been steadily improving, and is now decidedly convalescent, and suffering only from the weakness consequent upon so long an illness. Her countenance has regained its natural expression, the mahogany hue it has worn so long having entirely disappeared; the heat of skin is gone, and her recovery is now delayed by profuse perspirations, which are, however, yielding to the use of acidulated washes. The stimulus has been decreased by degrees, and at present she only takes a spoonful occasionally through the day. During the whole of her illness her bowels have moved regularly every day, excepting the single attack of diarrhoea. July 22d.—Discharged well.

THE GREAT MISTAKE OF YOUNG PHYSICIANS.—For the most part, young medical men commit a great mistake on first starting. They overhouse themselves. Their establishment eats them up. They have not the courage to live in a small way. Then they marry too early. It is a virtue on their part, and speaks volumes in their favor. But house expenses are certain, and professional returns uncertain. Children must be fed; servants must be paid. The wife likes the habits of a lady, decorates her rooms, and receives her friends, while her husband lives in the streets, that he may sleep in a mansion. For a mansion it is to him, that vast pile of bricks and mortar, for which he pays an enormous rental, and which he has furnished beyond his need. For the sweets of life are unknown to him. He toils only for his daily bread. He has no time for visiting. He can never receive properly. His occupations unfit him for doing so. His real post, and the one in which he shines, is the sick chamber of the wealthy and the hovels of the poor. Beyond their precincts, he is nobody. How can it be otherwise? If he is a man of fashion, he is unfit for his profession; or, if he be a philosopher, he is unfit for fashion. Add to these eccentricities and burdens, an equipage—a shining, well-turned out equipage! This is the climax of folly that has brought many a general practitioner to the ground. It is time enough to ride in a carriage when you have realized capital, or should be lucky enough to possess some private means of your own. Only, private means alters the question, which, as we are now looking at it, is one of pure, unaided, professional ability.—*Medical Critic and Psych. Jour.*

American Medical Times.

SATURDAY, AUGUST 24, 1861.

RECIPROCITY OF MEDICAL SERVICES BETWEEN THE STAFFS OF BELLIGERENTS.

At a recent meeting of the Surgical Section of the Academy of Medicine, held at the house of Prof. James R. Wood, a proposition was made to the effect, that steps should be taken with reference to a correct understanding with the profession at the South and the Medical Staff of the Southern Army, on the subject of a reciprocity of purely professional services. The proposition was made by a gentleman not a member of the Academy. It was not repeated in the form of a motion, and was dropped after considerable informal conversation.

The very great importance of the subject, and the facts and developments of the recent battles, justify us in bringing it again before the profession, and urging immediate and decided action. The country is on trial before the civilized world, and is rapidly creating the materials for future history. The present occasion offers an opportunity to inaugurate a new principle in the conduct of warfare, whether legitimate or rebellious, and to demonstrate our right to a place in the most advanced scale of civilization and humanity. The question is also one of immediate and pressing interest to ourselves, as well professional as general, and of vital importance to individual medical officers.

The character and position of the medical officer are not clearly defined, and his precise duties are not accurately designated. His mixed functions, combatant and professional, are not specified and distinguished; and the relations and obligations growing out of them, are not placed in such a clear and distinct light as to afford a principle from which a rule of action can be deduced with certainty to meet special exigencies. There is an apparent contradiction between the two powers, military and medical, and what has the aspect of inconsistency in claiming for him from his friends, the honors and rewards belonging to combatants, on the score of his being, in the true sense of the term, a combatant, and demanding, at the same time, the privileges and immunities from the enemy of a non-combatant. The function of combatant grows out of the circumstances under which the professional function is exercised. He is combatant in the sense that he contributes, by all the skill, knowledge, and zeal of which he is possessor, to promote the health and strength, and consequently military efficiency of the army he serves. He sustains and encourages soldiers by his presence on the field, and personally sharing their sufferings and dangers. He gives them the confidence, growing out of the certainty, that he will do everything which knowledge, prudence, charity, and coolness can do, to save their lives and limbs, and mitigate their pain if they are hurt; and by acting as aide-de-camp or commander, when accident or other circumstances render it necessary, he becomes occasionally a pure combatant. We base his claims for military honor and promotion for merit on these conditions, and on the fact that he is an officer and is stimulated and encouraged by the same distinctions, acknowledgments, and rewards, as other

officers. We shall base the claim for exemption on the fact, that these are incidental functions growing out of his condition, and that his prime function is that of conservation, and that equally of foe as friend, with the single exception of priority of time. We are, ourselves, disposed to go still further, and make the preference for immediate attention depend on severity of injury, without distinction of friend or enemy. In the claim we intend to make, and the action we are urging on the profession, we only demand what we are willing in our turn to grant. We shall rest the claim on the principles of common humanity, and while entering our solemn protest against the most causeless, useless, cruel, and wicked conspiracy, since the days of Catiline (without, alas! a Cicero), we shall, at the same time, insist that the war, so far as our professional functions and appropriate duties extend, shall be conducted on humane, christian, and civilized principles; and that the profession, as the life conservator, shall address itself with common sentiments of public welfare to the great duty of mitigating its horrors, soothing its asperities, and perhaps thereby paving the way to reconciliation and reunion. In this aspect the profession will reassert its quality of non-combatant, and stand forth as the pacificator and the life conservator. The adoption of the principle of medical and surgical reciprocity will do much to remove the necessity which sometimes arises for the surgeon to act directly as a combatant; it will simplify battles by relieving the commanding generals and other officers of all personal care of the wounded, and will have a direct effect of rendering the appeal to arms more certain, forcible, and decisive. The proposition then which we make, and which we submit for agreement by convention (under protest), with the profession of the South, is the following:

That medical officers who are engaged in their legitimate duties, shall not be subject to attack or capture.

That after a retreat, the members of the Medical Staff of the retreating army, who may be detailed for the duty, shall remain behind without molestation, shall receive courtesy and protection, and be at liberty to retire when they see proper, or when the specific duty is discharged. That the severely wounded shall not be prisoners of war, but shall be at liberty to return to their own friends upon the pass of any surgeon of high rank.

That the wounded shall receive care and attention, according to severity of injury, by the surgeons of both armies respectively.

That the servants, horses, wagons, ambulances, and attendants necessary for the service specified, shall be respected.

That surgical instruments, medicines, dressings, and hospital stores, shall be free of transit, and shall not be subject to capture.

That every medical officer shall observe the same inviolable secrecy as to the facts and information which come to his knowledge respecting the enemies' position, force, defences, designs, plans, etc., while in the performance of his professional duties within their lines or under their protection, which civil physicians observe in other respects in the relations of private life.

That every medical officer shall take an oath to that effect, and that any officer violating it be subject to perpetual infamy, and to be shot or hung.

That a medical officer exercising functions of combat or command, and taken, shall be subject to the same condi-

tions as combatant officers, unless specially released for the performance of his appropriate and specific duties.

That the oath taken by all medical officers shall be tantamount in all cases, excepting the last, to a parole, but without conditions.

That medical officers may perform any professional duty for the sick and wounded of the enemy while within the lines, excepting such as tend directly to promote military strength and efficiency.

That it be *infamous* to question a medical officer respecting the condition, resources, etc., of the enemy.

That after a battle the Medical Staff of both armies shall have free access to the field, and be at liberty to cause the removal of any corpse, and to superintend the burial of the dead.

That permanent hospitals, with their staffs, attendants, and patients, shall be sacred, and open alike to friends and enemies; but that the government and administration of such a hospital shall remain in the hands of the occupant at the time of capture, unless superseded by special order.

That the hospital under such circumstances shall not be interfered with, excepting for a military necessity, and in that case all the sick shall be transferred to their own lines, if practicable.

That all men placed *hors de combat* are *ipso facto* released, and permitted to return to their homes.

We do not propose to enter into an elaborate argument in support of the foregoing propositions. We believe their intrinsic truth and justice will call forth a favorable response from the whole profession, and that the mutual advantages growing out of their acceptance will more than counterbalance any objections from a purely military point of view.

The direct result of their adoption will be to improve the moral tone of the war, and take from it the features which have characterized all former civil wars. It will infuse a chivalric sentiment into soldiers and officers, and by removing the temptation to cruelty and consequent retaliation, render it as far as possible a pure struggle of skill, science, courage, and devotion. The people of the South are poisoned by a sentiment of false patriotism, and misguided by a deadly political heresy. They are lifting suicidal and parricidal hands against the life of the nation and their own, under an insane delusion—the result of ignorance, passion, envy, and misapprehension. They have been hurried into their present attitude by conspirators and traitors, and have made a violent appeal from reason and guaranteed justice to arms and rebellion. The North is acting solely on the principle of self-preservation. The vital energy and inherent living principle of the Constitution is asserting itself. It is reason and justice struggling with insanity and passion. The South is acting consistently upon its false premises. That consistency, and the courage and self-sacrifice which sustain it, and which is risking everything for its support, merit and command even respect, while inspiring the deepest regret that such high qualities should be directed against the life of the nation, instead of the support of her honor, advancement, and supremacy. War has the direct effect of extinguishing personal animosities. Good soldiers in opposing armies speak respectfully of each other, and when not in arms are distinguished for mutual courtesy. War has its own laws, its virtues, its charities, and its aspects of refinement and civilization. Ancient history and poetry abound with illustrations of this truth. The age of chivalry, the nexus between ancient and modern

civilization, changed the character of warfare, and introduced the Christian element, and established the doctrine that war is made for principles, not for hostility or aggrandizement alone. The present war is for the test and trial of our political principles. We should endeavor to make it one of principle alone, and eliminate as far as possible the personal element. We, who have unquestioned and unquestionable right, justice, law, and true public spirit on our side, need not fear to commit our cause to the legitimate operation of those principles. If the nation is true to itself it must triumph, and the Federal Union and the spirit of the Constitution be preserved and perpetuated.

We refer to these points, which are not our province to discuss, solely to establish the principle upon which we wish to base the proposed convention.

We recognise a similar sentiment in the South growing out of the appeal to arms. The war has produced numerous instances of the mutual respect and admiration which courage calls forth from enemies. The respect manifested for Major Anderson and the heroic garrison of Fort Sumter, the release of the captured surgeons, the care bestowed upon our wounded, and the episode of the gallant, high-minded, but misguided Lt.-Col. William Montgomery, Gardiner and his captors, prove our proposition, and give encouragement that the convention for reciprocity of services in the cause of humanity will be successful, and tend to shorten this unnatural struggle. Our policy should be the most resistless energy in the field, the most terrible and destructive force in battle, and the most boundless compassion and unlimited generosity to the enemy, *children of the country*, either wounded, captured, or conquered. We have adverted severely to the reported firing upon the *hospitals*. We cheerfully correct that statement, and withdraw our animadversions.

At one of the buildings used as a hospital the fire of the enemy was directed, and also at troops forming under its cover. Col. Gardiner, who was lying wounded and a prisoner in the neighborhood, directed one of his captors, JOHN McCARTY, of Fairfield, Ct., to raise a signal. He accordingly climbed, amidst a storm of shot and shell, to the top of an adjoining building, and hoisted his shirt upon a pole. As soon as the signal was recognised the firing ceased.

The Government cannot recognise or acknowledge the South as a *legitimate* belligerent, but its paternal character will appreciate and sustain any efforts made to economize life and mitigate suffering. It cannot act directly, but it can *allow* any agreement made between the profession North and South to have full efficacy. We presume, the commanding Generals of the opposing forces will cordially assent to the convention, which is for the mutual interest of both parties, and gives no advantage which it does not receive. The Sanitary Commission, which has already done so much to deserve the lasting gratitude of the country, and of humanity, should take the initiative in this important movement. It possesses the necessary organization and powers, and is of a mixed character, adapted to meet the mixed questions which demand discussion and settlement. It can either act independently as an authorized representative of the profession, or it can, in concert with the Academy and the Colleges, and State Societies, call a meeting of the profession. The shortest and simplest method will be the best, and the one most likely to be successful.

In addition to the movements we have recommended, we would suggest that steps be taken by the acknowledged representatives of the profession to call a convention of the profession throughout the world to meet at the World's Exhibition, to be held in London, to decide upon an international code, for the guidance and government of the medical staffs of all armies, and to promote reciprocity of service and freedom of action on the part of medical officers in all future wars. The result will be to diminish the calamities of war, to lessen the animosities which it engenders, and to eliminate the murderous element. It will improve the tone of the medical profession, and increase its influence. It will, if successfully inaugurated and carried out, be a distinct advance in civilization, and a powerful influence for the improvement and elevation of the human race.

THE WEEK.

THE New York Medical Association for the supply of lint, bandages, etc., to the army, has presented its final report, and dissolved. This association was organized on the first commencement of hostilities, and was designed to assist in supplying the medical department of the army with such hospital stores as would enable it to meet the great emergency which was so suddenly created. The Association not only supplied these materials from its own resources, but it became the medium through which the various benevolent societies of the city transmitted their benefactions to the army. The report contains a carefully prepared detail of all the articles received, and the points to which they were distributed. The funds of the Society were obtained by subscription, and amounted to \$1800; the estimated value of the articles issued was \$11,548. The Association has answered an important purpose, and has earned the gratitude of the country. It is now dissolved, as the Medical Department of the Army is prepared to meet any present or prospective demands.

WE believe the regimental Surgeons of our volunteer army are not generally aware of their proper rank. For the most part they assume the rank and consequently dress of a Captain, when in truth they are entitled to that of Major. This error grows out of the fact that in the State service the rank of the Surgeon is that of Captain, but when mustered into the United States service the rank is changed to that of Major. It is important that the Surgeon should assume his proper rank, not only to maintain the dignity of his position, but to receive that deference to his authority which such rank alone gives him. We hope every Surgeon will act upon this hint, and take his proper position in the regimental staff, and demand a corresponding degree of authority.

WE have already alluded to the fact that our authorities have recognised female nurses in military hospitals, and provided for their payment. The following is the section of the Act recently passed by Congress, permitting their employment:—

Sec. 6. *And be it further enacted*, That in general or permanent hospitals female nurses may be substituted for soldiers, when, in the opinion of the surgeon-general or medical officer in charge, it is expedient to do so; the

number of female nurses to be indicated by the surgeon-general or surgeon in charge of the hospital. The nurses so employed to receive forty cents a day and one ration in kind, or by commutation, in lieu of all emoluments except transportation in kind.

THE Act recently passed by Congress, "providing for the better organization of the military establishment," whereby any officer, after a service of forty years, or from any incapacity to perform the duties of his station, may be placed on "the retired list," contains the following section relative to the medical department:—

Surgeons ranking with captains, are to receive thirteen hundred dollars.

Surgeons ranking with commanders, eleven hundred dollars.

Surgeons ranking with lieutenants, one thousand dollars.

We think it is not generally known to surgical instrument makers in this country, that a Universal Exhibition is to be held at London, in 1862, at which special opportunities will be offered to these artisans for the exhibition of the products of their skill. Committees have been appointed on surgical instruments in France and England, which embrace some of the most prominent names in the medical profession. The following announcement has been made by the National Surgical Instrument Committee:—

"They are prepared to receive and consider applications for space, and otherwise to co-operate with and facilitate the views of intending exhibitors in all parts of the country. The action of the Committee extends, not merely to the advantageous exhibition of the ordinary trade productions, comprehended under the head 'Surgical Instruments,' but also of apparatus, appliances, and inventions of every description having relation to the science of medicine, or employed in the investigation and treatment of disease."

THE London medical journals are agitating the question of the right of members of the regular profession to consult with Homœopaths. Although the sentiment of the profession has been strongly pronounced against the practice, still it appears that some of the prominent members, who believe that they can defy established opinion, overstep the boundaries which have been made for the more humble, and gather the rich fruits of illegitimate practice. Mr. FERGUSON has put forth the following defence, in which will be found an ingenious device for "bagging the game":—

"The fault of which I was accused three years ago, was that I had travelled in company with a Homœopath to relieve a gentleman of retention of urine, when the regular Surgeon in attendance had failed; and I was further accused of holding consultations with Homœopaths. The former charge I admitted, and the latter I distinctly denied. In addition I stated that 'I had no faith in Homœopathy,' and that 'I gave no encouragement to Homœopaths to consult me.' I added further that I never refused my Surgical services in any important case where they might be required, and would hold my conduct unjustifiable if any evil or fatal result ensued from negligence or refusal on my part. To all these views I hold as strongly now as I did at the time in question. I still do not consult with Homœopaths; I still have no faith in Homœopathy, and I still give no encouragement to Homœopaths to consult me. I never intended, and do not wish now, to have or leave room for any quibble on these points. I have been told that to meet a Homœopath in any way in a case is to consult with him, and that, therefore, my denial is worthless; that such meeting amounts to a consultation. With those who take this view I at once plead guilty. I am occasionally consulted by Homœopaths (as I know other Surgeons are), and,

hearing their history of the case in clearer terms than from the patient or a friend, I give my surgical opinion; with this the interview ends. From first to last there is not a word about Homœopathy introduced; but should there be, I invariably let the patient know that I have no faith in such doctrine, and that I am giving my opinion solely as a Surgeon. I am not aware that I have met with any man who has stronger views, prepossessions, or objections against Homœopathy than I have. No Homœopath can say that I ever conceded to him one tittle on Homœopathic principles; and as a public teacher of thirty-five years' standing, I appeal to my numerous pupils with the utmost confidence that they will free me from the imputation of having ever encouraged such doctrines."

Have we not a Fergusson among us?

Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1861. Albany, 1861, pp. 408.

THE volume for this year contains an unusual variety of original matter. Though many of the papers contributed consisted only of the details of a case or two, most of these being, however, of much interest, there is still a full share of elaborately written articles by the leading members of the profession of the State.

The transactions open as usual with the address of the President, DR. DANIEL T. JONES, of Onondaga co. A melancholy interest is attached to this production, for in another part of the volume we find a biographical memoir of its author, by his friend and neighbor, the Hon. WILLIAM TAYLOR, M.D. At the meeting of the Society, Feb. 5, Dr. Jones was in his usual health, and discharged the duties of presiding officer with great ability, and expressed himself highly gratified with the honor which his brethren had conferred by selecting him as their President. His address is a brief consideration of the position and obligations of our profession, and its progress in discovery. He mentioned the fact, that as early as 1828, he began to employ quinine in bilious remittent fevers, and in 1830, he took ten grain doses during an attack of congestive remittent fever, by advice of Dr. Day of Syracuse.

DR. JONES was a native of Connecticut, and a pupil of Dr. Ives, of New Haven, where he attended one course of lectures. He received a license from the Connecticut State Medical Society, and soon after located in Onondaga county, New York. Here he became distinguished both as a physician and a citizen, having been chosen to represent that county two successive Congressional terms. He died March 29th, 1861, in the 60th year of his age.

Of the papers which make up the body of the work, we notice several with which our readers are familiar. Such are the articles on—1. Traumatic Tetanus, by Dr. McNULTY, of New York; 2. Exsection of Vertebrae, by Dr. HUTCHINSON, of Brooklyn; 3. Suspended Animation, by Dr. THOMAS, of New York; 4. Simple Extension in Treatment of Fractures, by Dr. SWINBURNE, of Albany; 5. Inversio Uteri, by Dr. VAN DYCK, of Oswego; and 6. The Report on Medical Education, by Dr. TOWNSEND, of Albany.

The remaining papers are numerous, but we shall notice briefly. DR. VANDERPOEL, of Albany, communicates two; 1. Use of Mercurials in Acute Pericarditis; 2. Bleeding in Cerebral Disease. Dr. V. does not advocate mercurials in acute pericarditis, for the reason that they neither tend to prevent effusion, nor promote absorption in the rheumatic as they do in the syphilitic diathesis. He advocates, on the contrary, stimulants, alkalies, and anodynes during the acute stage. According to the views of Bennett, from this statement, the reader is prepared to learn that the writer does not approve of blood-letting in cerebral diseases, except in rare cases. The views of Dr. V. are those which now generally prevail among the best practitioners, and are

the results of the teachings of the school of which Todd was the head. There is, however, a faint reaction beginning to be perceptible, and depletion in cerebral diseases is again discussed. The careful discriminations which Dr. Vanderpoel makes of cerebral diseases, and the treatment which he advises, will lead to judicious practice.

Dermic Medication, by DR. BISSELL, of Utica, is a well written paper, in which the writer brings to our attention the importance of the skin as a medium of introducing remedies into the system. DR. JOHN G. ADAMS communicates a paper on the *Statistics of Suicide in the City of New York*, in 1859-60. The total number of suicides for that year was 56, being in the ratio of 1 to 386 of the mortality, and as 1 to 14,285 of the total mortality. The paper contains interesting statistics of suicides which are well worthy of record. DR. HALL and DR. FERRIS furnish short articles on Diphtheria, which will, hereafter, be of service to the historian of our State Epidemics. Two cases of Poisoning by Corrosive Sublimate are reported; the first by DR. DOWNS, of New York, and the second by DR. G. ORTON, of Binghamton, Broome co. The first case is not of special interest; the second was a case of suspected poisoning, and involved a post-mortem examination before a coroner's jury. DR. ORTON reports the results of the chemical examination to which he submitted the viscera. The presence of corrosive sublimate in large quantities was clearly demonstrated, but the jury decided that deceased came to her death "from a cause to them unknown." DR. ORTON calls attention to the presence of peculiar granules found beneath the peritoneal covering of the liver, which he regards as "minute hepatic calculi of peculiar constitution." The paper is accompanied by a finely executed lithographic illustration of these deposits. DR. FINNELL, of New York, reported a case of suicide, in which the victim plunged a knife into his neck so deeply as to penetrate the cervical vertebrae, but without wounding any important vessel. The circumstances, according to Dr. F., prove it to have been a case of suicide, but the nature of the wound is very unusual.

PROF. MARCH reported a case of compound, comminuted, and complicated fracture of the leg, which proved fatal from delay in amputation. The chief interest in the case is the additional evidence which it affords, that a fracture complicated with the wound of the principal artery of the limb, generally indicates immediate amputation. DR. BURKE, of Brooklyn, presented a new and ingenious instrument for the dilatation of strictures of the urethra, to which we shall hereafter refer. DR. BLY, of Rochester, has a short paper, in which he condemns Chopart's and Syme's amputation, the former owing to the bad stump, the latter on account of the difficulty of adapting an artificial foot.

Four cases of rupture of the uterus are reported, one by DR. BARNETT, of Windham Centre, and three by DR. FISHER, of Sing Sing; all proved fatal. The first was complicated with an umbilical hernia in a state of gangrene. DR. FISHER concludes from his cases that he should recommend gastrotomy, unless delivery could be readily effected. DR. DAYTON, of Mexico, reports a case of fibrous polypus of the uterus, which, protruding from the vagina, was removed by ligature; the patient died from anæmia. DR. SKILTON, of Troy, communicated a case of extra-uterine foetation, with an illustration. DR. BARROWS, of Oneida co., reports a case of two pairs of twins born of the same mother within one year and five days. DR. HEMSTREET, of Herkimer co., reports a case of encysted tumor of pelvic origin. DR. PURDY, of Madison co., gives a case of change of color following suppression of urine for a long period.

(To be continued.)

DOMESTIC ITEMS.—PROF. B. R. CARMAN has resigned the chair of Materia Medica in the Medical Department of the University of the Pacific, and removed to Mexico. DR. L. C. LANE, late of the U. S. Navy, has been appointed to the chair of Physiology in the same school.

Progress of Medical Science.

FRENCH MEDICAL INTELLIGENCE.

By DR. DESLANDES.

A LENGTHENED discussion on *post mortem hysterotomy* has taken place in the Imperial Academy of Medicine of Paris, at its sitting of April and May, in which Messrs. Depaul, Devergie, Tardieu, Trébucher, et De Kergaradec, were prominently engaged. The questions to be settled were: 1st. That of the propriety of the operation in a purely medical point of view; and 2d, that of its admissibility by the law.

On the question of the propriety of the operation in a medical point, there could not be a doubt, and there was not the least hesitation. Whenever a pregnant woman dies near the end of her pregnancy, or at a period advanced enough to lead the physician to presume that the child is living and capable of extra-uterine life, the latter has the right, and it is his duty, to perform the cesarean section, if there is no possibility of extracting the child through the natural passages.

M. Depaul has clearly explained the state of science on the two following points:—1. At what period of pregnancy is the foetus viable or capable of extra-uterine life? 2. How long after the death of the mother, can the physician have ground for believing that the child is still living? The cesarean section can only be performed with any chance of success as regards the preservation of the life of the child, from the 180th day of pregnancy, or at the end of the 6th month. He fixes one hour after the real death of the mother, as the time during which the child still contained in the womb may live.

Has not M. Depaul erred on this side of the possible, in giving to the physician but the latitude of a few minutes to act with a sure chance of success, and in fixing at one hour the extreme limit beyond which it would be useless to attempt the operation?

MM. Tardieu and Devergie have advanced the opinion that in following the precepts of science, and acting with the consent of the family, the physician had nothing to fear from the law.

M. Kergaradec considered the operation from a religious point of view.

After this discussion, the Academy limited itself to affirming that it is the duty of the physician to perform post-mortem hysterotomy in cases where there is a chance to extract a living child.

At a recent sitting of the Academy of Medicine, a report of great interest was presented by Mr. Robin.

To make, in our days, a discovery in the anatomy and physiology of circulation, is a very rare good fortune. Mr. Robin has not hesitated in acknowledging that this good fortune has fallen to Mr. Sucquet. In one of the most learned reports which the Academy has heard for a long time, Mr. Robin has shown that in his memoir on the circulation of the extremities and the head in man, Mr. Sucquet has discovered new anatomical facts which lead to unexpected physiological explanations and to pathological considerations of great interest.

The new anatomical and physiological fact discovered by Mr. Sucquet is the existence of a derivative circulation, which has its seat in the foot, the hand, and the face. By injections first, and then by dissections, Mr. Sucquet has demonstrated the direct and immediate passage of the blood from the arteries into the superficial veins of the foot and the face, a derivative circulation placed under the dependence of the heart, and evidently in relation with the activity of this organ—a truly new function, whose mechanism had escaped until now the anatomists and physiologists, and which explains admirably the turgescence and redness of the hand, the foot, and the face under the influence of heat, digestion, the use of alcoholic drinks, joy,

anger, violent efforts, etc. etc. A circulation arrested by all depressing causes—hunger, misery, fright, cold, melancholy, etc.

Correspondence.

AUTHORITY OF MEDICAL MEN IN THE ARMY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR—Nothing can exceed the plainness and truthfulness of the propositions respecting the *status* of Doctors of Medicine in the army, stated in the last number of your journal. No one in his senses, who attends to the subject, can help perceiving that, precisely as on the one hand military men alone can appreciate and rightly understand the military details and operations of the service; so on the other medical men alone can rightly appreciate and direct its sanitary and therapeutical requisitions: and as the efficiency of the first is wholly constituted of his authority to command obedience, so is it equally essential that the second should be empowered to enforce obedience to those rules which skill and science dictate as indispensable to the preservation of life and health. Seeing this, it is of course further plain, that unless the medical man be empowered to enforce his knowledge, and authorized to exact obedience to his sanitary rules, his pains to preserve health and save life will always be ineffectual. Inasmuch as these rules form no part of military training, nor their observance any part of military discipline, it cannot in reason be denied that they constitute a distinct sphere on which the medical man alone is qualified to direct and control. There is no valid objection why the medical man within the limits of this sphere should not be empowered to enforce obedience to his sanitary regulations. If this authority be not granted to him, of course these rules will not be either heeded or obeyed any more than the military regulations of the service would be if the commander of the forces were not empowered to enforce their observance. Nor is there the least real ground for the supposition that the exercise of this authority by the medical corps will ever be an intervention in military discipline, or to the highest extent invalidate the military authority. No one can truthfully affirm that it would even derogate in the least from the real or fancied dignity of that authority. On the contrary, its existence would, by maintaining the physical *tone* and heartfelt spirit of the men, contribute to military discipline and promote soldierly qualities. Suppose we required the colonel of a regiment to see to the regulation of all the sanitary concerns of his command, he would at once decline the duty as one out of his sphere, simply because, however profoundly he may be impressed with the necessities of the case, his studies have not qualified him for the business in question. But this is precisely what the studies and experience of the medical man have qualified him for, and it is therefore in this sphere he is qualified to command; that he is not authorized to do this in every army, is one amongst the many anomalies of life which refuse to give any *explanation* to the inquest of reason. Now, since the qualifications to cope with the difficulties of both these spheres (military and medical), and to perform the duties of each of them, cannot be combined in one person, and yet seeing that they equally require authority to exact their fulfilment by the soldier, we are shut up to the conclusion, that if the army is to have any sanitary regulations the power to exact them must be granted to the medical corps. In a word, their acts should be "by order," similarly as those of the colonel or commander are. Of course we do not mean that aught arbitrary should pertain to their station, but that they should be subject to the same code of duties, and held in their spheres to responsibilities similar to those of the military officers. As circumstances now are, the position of the medical officer

is so humiliating to even the most docile and tame-spirited that few, if any, competent, will station themselves in it, however much they may desire it. When in the camp the medical officer is habitually in the presence of practices ruinous to health which he is unauthorized to abate; and even his suggestions to that effect to those *in command*, are expected to be made in a spirit of deference which rather *deprecates* than urges attention; and he is attended to, if at all, as one to be *tolerated* rather than heeded. What candid person can help confessing that all this is precisely as it should *not* be; and if the next step in viewing the subject be taken, to join in soliciting that a change be made. What this change should be, you have very ably represented in your article, to which I referred in the beginning. And I trust that a requisition will be made upon the government to that effect. The time is auspicious.

Yours, &c.

RUFUS K. BROWNE, M.D.

NEW YORK, Aug. 12,
27 Bond street.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

PARIS.

HAVING found it very difficult to obtain much information concerning the peculiar advantages of Paris for professional study, before I went there, I have thought that perhaps it might be well for me to give in a few words a little resumé of what can be there followed to advantage. In the first place, unless one is a very good French scholar, it is hardly profitable to spend every morning in visiting the various hospitals. The crowd at these morning visits is so very great that little can be learned except by the eye. However, the running visits—cliniques—of Nelaton, Jobert, Civiale, and Trousseau, should be attended. Too much cannot be said in praise of the immense clinical advantages enjoyed by those who avail themselves of the private clinical instruction of the internes or chefs de clinique of the various hospitals. Here the fee demanded keeps the classes very small, and you have an immense field for observation. I shall never cease to recollect with pleasure the two hours spent every evening in the wards of La Pitié, for two and half months, under the able guidance of M. Dumont. Although the French treatment of many diseases is decidedly contrary to our American ideas, the immense variety of cases shown, and the opportunity of seeing the result of treatment, bad or good, must be useful to any one. It is, however, safer for a man who has seen some practice, than for a mere student, to view their practice. The practitioner is not so ready to embrace pernicious doctrines. The clinique of M. Sichel, which is held every Monday and Thursday, presents a great variety of eye disease, and must be very useful in familiarizing one with all forms of diseased vision. But it is in the facilities for the study of anatomy and the surgical operations that Paris excels all other medical centres. Owing to the peculiar social relations of a great mass of the population the supply of anatomical material is almost unlimited. Many English annually visit Paris for the express purpose of practising the operations on the dead body. For the benefit of any one who may feel interested, I will jot down my course there in that respect in detail. I went to the anatomical rooms at Clamart, which is a little out of the centre of Paris. The rooms are under the management of MM. Rambaud and Bastien. As I was recommended to engage with M. Rambaud by several English, I did so. He speaks English, and is a very painstaking, careful teacher. By the payment of two fees of one hundred francs each, that is of forty dollars in all, I obtained all the material I wanted for two and a half months constant work; some days being eight hours in the rooms. The great profusion of subjects renders any economy in their use of no consequence, so that the same operation may be repeated over and over an immense number of times; in this way enabling any one to acquire certainty and dexterity, if he devotes sufficient time to it.

I observe that I have omitted to mention a clinique of Chassaignac's that I attended shortly before I left Paris, when I saw him perform the infrequent operation of amputation at the hip-joint. It was done upon a lad of about fifteen years for compound fracture of femur, which had taken on unhealthy action and was exhausting the patient by immense suppuration. The femoral artery was controlled by pressure, and so little hæmorrhage was there that the anterior flap did not require to be grasped as recommended. Not more than four or five ounces of blood were lost. There was great prostration immediately after the ablation of the limb, but he soon rallied, and was conveyed to bed in a very comfortable state. After much practice of this operation upon the cadaver I find it is most readily accomplished by first making a very long and broad anterior flap by transfixion; then, by one cut from heel to point of the knife, dividing the capsular ligament; then one cut divides the ligamentum teres, and enables you to complete the operation by cutting straight down through the adductor and glutei muscles. The universal mistake in the dissecting room was the endeavoring to scoop out the head of the femur. One straight cut, as if you aimed to cut off the head of the bone, allows it to immediately start from the socket.

Army Medical Intelligence.

BRIGADE SURGEONS.—The list of appointments of Brigade Surgeons, under the recent Act of Congress, has not been published. The following gentlemen have been reported as appointed:—G. H. Lyman, Mass.; F. H. Hamilton, N. Y.; H. S. Hewitt, N. Y.; J. C. Dalton, Jr., N. Y.; Luther V. Bell, Mass.; Geo. Buckley, N. Y.; Henry Bryant, Mass.; Wm. H. Church, N. Y.; Peter Pineo, Mass.; O. Martin, Mass.

RESIGNATIONS OF SURGEONS IN THE VOLUNTEER REGIMENTS.—J. H. Thompson, Mozart Reg. N. Y.; C. McDermott, 2d Ohio; H. H. Mitchell, 11th N. Y.; A. Majer, Garibaldi Guard, N. Y.; J. S. Van Ingen, 10th N. Y. V.

CANDIDATES PASSED BY THE ARMY MEDICAL BOARD.—The following is the relative merit roll of approved candidates examined by the Army Medical Board to July 16, inclusive:—1, Joseph Januler Woodward, Philadelphia, Pa.; 2, Edward Swift Dunster, New York City; 3, Elias Joseph Marsh, Elisabeth, New Jersey, Third Regiment New Jersey Volunteers; 4, Robt. Fulton Weir, New York City, Twelfth Regiment Volunteers; 5, Thos. Chalmers Brainard, Philadelphia, Pa.; 6, Morris Joseph Asch, Philadelphia; 7, Henry Sailor Schell, Philadelphia; 8, Charles Knickerbocker Fenne, Buffalo, N. Y.; 9, Joseph Engle Semple, New York City; 10, William Henry Forwood, Chester, Pa.; 11, James Henry Pooley, Dobbs Ferry, N. Y.; 12, Ely McClellan, Philadelphia; 13, Charles Archibald McCall, Philadelphia; 14, Samuel Appleton Storrow, Washington, D. C.; 15, John Chamberlain Clark Downing, Georgetown, D. C.; 16, Wm. Dilts Wolverton, Stockton, N. J.; 17, Jas. Everett Kennedy, Iowa; 18, John Joseph Butler, Washington; 19, Wm. Richardson Ramsey, Norristown, Pa.; 20, Thomas Henry Pelsby, Baltimore, Md.; 21, Albert Hartsuff, Unadilla, Mich.; 22, Charles Ravenscroft Greenleaf, Ohio; 23, Grove Spooner Beardsley, declined appointment, Oneida, N. Y.; 24, Philip Adolphus, Baltimore, Md.; 25, Andrew James Baxter, Cincinnati, Ohio; 26, Bolivar Knickerbocker, Philadelphia; 27, Lewis Mathew Eastman, Baltimore, Md.; 28, Johnson Van Dyke Middleton, Baltimore, Md.; 29, William Thompson, Philadelphia.

SURGEONS FOR THE ILLINOIS VOLUNTEERS.—The Board of Medical Examiners for this State, Prof. H. A. JOHNSON, M.D., President, have passed twenty-three Surgeons, as follows: Drs. W. Wagner, Geo. Coatsworth, H. Wardner, T. W. Winer, A. W. Heise, Jas. Bringham, C. Goodbrake, L. D. Kellogg, Wm. J. McKim, Henry Parker, Charles Storeh, W. R. Burke, E. L. Metcalf, S. T. Trowbridge, W. M. Gray, R. G. Bogue, G. S. Lucas, L. Watson, S. C. Blake, S. M. Hamilton, S. W. Everett, Jas. Roberts, and J. W. Tuttle. *Assistant Surgeons*, as follows: Drs. T. Babb, John Fetzer, F. K. Bailey, A. Blake, Carl Muntz, J. S. Hunt, S. C. Plummer, George H. Dewey, P. H. Bailhache, Sanford Bell, Chas. Davis, O. G. Hunt, D. Stahl, Jas. Hamilton, H. A. Buck, Edwin Gaylord, John B. Ensey, Jas. Farnum, E. Gulick, Benj. F. Stevenson, O. B. Ormsby, C. B. Tompkins, John M. Phipps, Wm. F. Cady, Theodore Bluthardt.

SECOND MICHIGAN REGIMENT.—HENRY F. LYSTER, A.M., M.D., is Surgeon to this regiment, instead of NATHAN WEBB, as formerly announced.

NAVAL APPOINTMENT.—We learn that HEBER SMITH, M.D., formerly Surgeon of the Gunboat Monticello, and who was severely wounded on the Kappahannock, has been commissioned as Assistant Surgeon in the Navy.

GENERAL HOSPITAL, FORTRESS MONROE.—We learn that DR. KIMBALL is about to retire from this Institution, which will now come under the entire charge of DR. CUYLER, the Medical Director of this Department. Our readers are aware that there has been much complaint about the management of this hospital while under DR. KIMBALL. It is but justice to DR. CUYLER to state, that during the time

he had no part in the administration of the internal affairs of this hospital.

A correspondent, writing under date of August 16th, says:—"DR. CUYLER proposes to prepare a reading-room in the General Hospital, which will contain also a library of such books as will be of interest to medical men in our situation, and to which all the surgeons in this division of the Army may have access at any time. I shall then propose that we organize a Medical Society, which would have for its object the reading of papers, and the discussion of subjects pertaining to Military Surgery, Diseases, and Hygiene, to be called THE UNION VOLUNTEER MEDICAL SOCIETY OF OLD POINT COMFORT." We are glad to hear of this proposition to form medical societies among the surgeons of the army. We have already suggested their importance, and we hope to hear of many such organizations for mutual improvement.

THE ARMY HOSPITALS IN WASHINGTON AND ITS VICINITY.

WASHINGTON, Aug. 17, 1861.

The Washington Infirmary; Columbian Hospital; Military Hospital in C St., for Regulars; Union Hotel Hospital, Georgetown; Seminary Hospital; Military Hospital at Alexandria, etc., etc.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

THE sanitary condition of the Federal City and the vast military encampments in its vicinity, has become second in importance and interest only to the question of the military defence of the city; and it will be fortunate if the military authorities appreciate the intimate relation of physical health and military strength. The fact that military authority and extra municipal sanitary surveillance must combine for the protection of the sanitary safety of the Capital, has long been too obvious. And there is evidence that this fact is appreciated, for while visiting the rooms of the Sanitary Commission a few mornings since, a messenger from the mayor's office called to ask if that Commission would aid his honor in procuring the removal of a number of dead horses from an open lot towards the Columbian Hospital. An affirmative reply was promptly given, and a request immediately dispatched to the proper military authority. A similar request on the previous day had cleared from a sunken lot within sight of the President's mansion, thirteen equine carcasses.

But reserving for a future letter my notes on the medical topography and sanitary peculiarities of Washington and the banks of the Potomac, I will now give a brief sketch of the hospitals in Washington and its vicinity.

Let it be stated, *in limine*, that previous to the month of May last, a military hospital had not been thought of at the Capital; and the first order upon the purveyor's department for medical and surgical supplies for military forces, created an interesting epoch in the history of the Medical Bureau of the Army. Whatever now exists in the nature of hospitals, and a preparation for wounds and sickness, has been hastily extemporized.

THE WASHINGTON INFIRMARY.—This institution has been established for several years, as a hospital for strangers and for homeless persons. The Sisters of Mercy, under the direction of Professors in the Medical College, have had charge of the hospital. The sisters continue their faithful attendance under the military administration, and although a few beds are still retained for civilians, they have wisely established a separate and independent institution in a remote part of the city. This infirmary can accommodate one hundred and eighty patients, the number seen at my last visit. Its location, though in an open and pleasant section of the city, on E Street, is rendered insalubrious by stables and refuse in front, and by sunken lots and a slimy pond in the rear. Congress has appropriated \$5,000 for the drainage of the hospital grounds. Drs. White, Gouley, Butler, and their assistants, constitute the medical staff, and their patients appear to be doing well. Erysipelas has made its appearance in a few cases, and typhoid fever

surely will appear if the drainage is not soon attended to. The edifice having originally been a penitentiary, its ventilation and appointments are not all that could be desired for a hospital.

THE COLUMBIAN HOSPITAL.—This is an old five-story brick structure, in the form of a parallelogram, with halls bisecting each story longitudinally. Erected and always used for collegiate purposes, its apartments small, and having no water supply or sewerage, the perfect cleanliness and purity of the wards pleasantly impress the visitor with the efficiency of Dr. Abadie's administration, and the faithfulness of his well trained women nurses, from the Relief Association of your city. This hospital is located on the summit of Meridian Hill, on Fourteenth street, two miles north of the Treasury Building. It now contains nearly two hundred and fifty patients, with a smaller percentage of surgical cases than the other hospitals. Its chief physician, Abadie, is assisted by Drs. Asch, Brainard, Adolphus, and Knickerbocker. Ten lady nurses and an insufficient number of assistants, give such attention to the nursing as might profitably be emulated in our best civil hospitals. The absence of water in and about this hospital is a deplorable defect, and Dr. Abadie is taxing his ingenuity to supply the defect from his single well, by means of a forcing pump and an elevated reservoir. We agree with him in the opinion that such buildings should not be selected for hospitals, if more appropriate structures could be provided. But we think the Quartermaster-general, whose duty it is to provide the hospitals, has done wisely in thus selecting an elevated and thoroughly ventilated locality for the largest hospital; and we venture to believe that his large and liberal views of official duty will yet prompt him to devise liberal plans and greatly improved structures for hospitals.

THE C ST. HOSPITAL FOR REGULARS.—A couple of dwelling-houses in the rear of the National Hotel, are in use as a hospital, under the care of Dr. ——. Both houses were crowded at the time of my visit, containing seventy-eight patients, mostly surgical cases. Several cases possessed peculiar interest. One athletic artilleryman presented an excellent stump, from an amputation performed under fire on the field by Dr. PREGNET. He was doing well, after having walked the entire distance—nearly forty miles—to Washington, immediately after the amputation. Erysipelas has since appeared in the hospital, and this heroic fellow is reported as one of its victims. The location of this hospital is damp, unventilated, and imperfectly drained. The people of Washington seem ignorant of the fact that Pennsylvania Avenue, from the Capitol gate to Willard's, was a marsh, and that its effectual drainage is still prevented by the tides of the Potomac. It is fervently to be hoped that the Hospital in C street may soon find a more salubrious location.

THE UNION HOTEL HOSPITAL, GEORGETOWN.—This was the first hospital called into existence after the Infirmary was occupied by military patients. It was an old tumble-down hotel, situated in the low eastern section of the town, and consisting of a main building fronting the south, and two wings extending northwards from either of its extremities. Its many narrow halls and tortuous passages are flanked by suites of ordinary old hotel dormitories, which, with a ball room and the old dining room, constitute the wards for the wounded and sick. Dr. GAINSELAN, the chief physician, and his assistants, have done what they can to make and keep the place tolerably safe from infectious contamination; but when the autumnal frosts close the windows and doors, now everywhere open in that building, typhus, erysipelas, gangrene, and dysentery, will inevitably become indigenous in the close, unventilated apartments, where now the wounded are doing very well. On our visit here we noticed one amputation at the shoulder-joint nearly healed, and a resection of the head and neck of the humerus which promised well but for repeated secondary hemorrhage. The Sanitary Commission had generously supplied a water bed to this and another patient. There were twenty-four patients in the wards at the time of our

visit. We observed that women were employed as nurses, and their superintendent, Miss Powell, informed us that they were a strictly *volunteer* corps. Though there is no doubt of the devotion and industry of these women, the sooner they become *regulars*, and submit to better *system* in their work, the better for them and for the patients.

THE SEMINARY HOSPITAL, GEORGETOWN.—This is an old barrack-like structure that has long been used as a boarding school. Its location is somewhat better than the last named hospital, and is under the excellent management of Dr. J. R. SMITH and his four Assistants, Wolverton, Riley, Norward, and Kennedy. There were 162 patients, mostly surgical cases, at the time of our visit. Seven well trained women, and two or three men, take charge of the nursing, and they do it admirably. Better bandaging, cleaner wards, bedding, and dressings, are seldom met with. The women are overworked in consequence of the multiplicity of appointments. We found two of the nurses in sole charge of eleven wards containing 44 patients. Small rooms, tortuous passages, and insufficient water supply, are the great defects in this hospital.

THE MILITARY HOSPITAL AT ALEXANDRIA.—Soon after the movement upon Manassas had been ordered, the medical director of the division, DR. KING, selected an old seminary at Alexandria for the immediate necessities of his department. Dr. —, of the Navy, was placed in charge recently, and with efficiency and tact rarely excelled, he has turned the buildings into the best practicable condition for hospital uses. It now contains 104 patients; the more severely wounded of the cases, brought in from Bull Run. Two assistants, two cadets, eight lady nurses, and a few subordinate attendants, constitute the staff of the Institution. The system, cleanliness, and cheerfulness which are everywhere apparent in the hospital, afford the best evidences of the efficiency and faithfulness of the medical staff and nurses.

Character of the Diseases in Military Hospitals.—About five hundred of the patients are suffering from wounds, a few are suffering from dysentery, a considerable number have articular rheumatism; and the balance consists of typhoid fever, diarrhoea, etc. The gun-shot wounds appear generally to have been caused by spherical balls, and being but slightly lacerated, and mostly simple flesh wounds, they heal with remarkable rapidity. Typhoid fever is strongly marked, and to me looks threatening.

Sanitarium and Hospital for Convalescents.—Surgeon-General FINLEY, with great wisdom and foresight, has opened the spacious buildings and grounds of the Naval Academy at Annapolis, for this purpose. About 200 patients have been removed thither from Washington.

Preparations for the Future.—In conversation with your late confrère, Dr. Harris, of the Sanitary Commission, we found reason to feel the utmost confidence in the purposes and ability of the Government and that Commission, to provide abundantly and promptly for any emergencies that are likely to arise in the care of the sick and wounded. And we learn that while the Medical Bureau is active and energetic in its preparations, the Sanitary Commission stands ready with carefully matured measures and means, to alleviate any suffering and want to which the sick, wounded, or feeble may be exposed in the progress of the war. Its well-filled store-rooms on F street, and in the Treasury Building, and the desks of its members, promise rich blessings to our noble army of Volunteers. That the Commission and the Medical Bureau work harmoniously we may judge, from the clean and comfortable clothing, the wire-cradles, and supports for wounded; the means of amusement, the delicacies, the wine, the slippers, gowns, and the hundred writing-tables which are found, marked with the name of the commission, in all the hospital wards.

The cheerfulness and rapid recovery of the patients, is one of the pleasant rewards of the good management and humane provisions for all the patients in these Military Hospitals. Better care was never bestowed upon the inmates of our civil hospitals.

VIATOR.

MARRIED.

FARRAB—WHEELER.—In New Bedford, Mass., July 29th, by the Rev. J. P. Tustin, Dr. J. Farrar, of New York, to Miss Addie M., daughter of J. Wheeler, Esq., of the former city.

TO CORRESPONDENTS.

Senior.—Your advice is shallow. "Country Doctors" (of whom "we" are evidently not one), have much less interest in the bickerings of medical men than an idler at the Sharon Springs.

PUBLICATIONS RECEIVED.

Statistical and Sanitary Documents. By E. M. Snow, M.D. Providence, R. I., 1861, pp. 488.
Descriptive List of Microscopical Specimens. By LIONEL S. BEALE, M.B., F.R.S. London, Churchill, 1861, pp. 16.
The Physician's Dose and Symptom Book, &c. By JOSEPH H. WYTHE, A.M., M.D., 3rd edit. Philadelphia, Lindsay & Blakiston, 1861, pp. 244.
Remarks on the Topography and Diseases of the Gold Coast. By R. CLARKE, Esq. (Read before the Epidemiological Society), London, 1861, pp. 54.
Archives of Medicine, No. 8. London. Madras Quarterly Journal of Medical Science. Madras, No. 4. April, 1861.
Dublin Quarterly Journal of Medical Science. Dublin, February and May, 1861.
Glasgow Medical Journal. Glasgow, No. 34, July, 1861. (Nos. 31, 32, 33 not received).
Royal London Ophthalmic Hospital Reports. No. 2, July, 1861.
Edinburgh Medical Journal. Edinburgh: February, March, April, 1861.
Morbid Effects of the Retention in the Blood of the Elements of the Urinary Secretion. By WILLIAM WALLACE MORLAND, M.D. Philadelphia: Blanchard & Lea, 1861, pp. 68.
A Treatise on Diseases of the Joints. By RICHARD BARWELL, F.R.C.S. Philadelphia: Blanchard & Lea, 1861, pp. 468.
The Pathology and Treatment of Venereal Diseases, &c. By FREEMAN BURNSTAD, M.D. Philadelphia: Blanchard & Lea, 1861, pp. 686.
Half-Yearly Abstract of the Medical Sciences. Vol. 33, January, June, 1861. London: pp. 560.

CORRECTION.

DR. W. W. FENNO, of Short Tract, writes under date of August 12:—"In your issue of August 3d, you published nearly all the names of the graduates of Long Island College Hospital, omitting my name. As I was there a legitimate and successful candidate, and received my diploma in public, will you have the kindness to place my name correctly in the list?"

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 12th day of August to the 19th day of August, 1861.

Abstract of the Official Report.

Deaths.—Men, 78; women, 73; boys, 220; girls, 177—total, 548. Adults, 151; children, 397; males, 298; females, 250; colored, 8. Infants under two years of age, 336. Children reported of native parents, 14; foreign, 343.

Among the causes of death we notice:—Apoplexy, 4; Infantile convulsions, 25; croup, 2; diphtheria, 4; scarlet fever, 11; typhus and typhoid fevers, 12; cholera infantum, 120; cholera morbus, 6; consumption, 48; small-pox, 11; dropsy of head, 19; infantile-morasmus, 67; diarrhoea and dysentery, 55; inflammation of brain, 14; of bowels, 10; of lungs, 13; bronchitis, 6; congestion of brain, 6; of lungs, 2; erysipelas, 1; whooping cough, 3; measles, 6. 341 deaths occurred from acute disease, and 33 from violent causes. 417 were native, and 181 foreign; of whom 84 came from Ireland; 6 died in the Immigrant Institution, and 81 in the City Charities; of whom 24 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1861	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In	°	°	°	°	°			
10th	29.74	.11	78	70	86	7	11	S.W.	6½	
11th	29.84	.11	76	69	84	8	12	NE. to SE.	7	
12th	29.84	.10	67	62	78	7	11	N.E.	10	3.77
13th	29.71	.07	66	54	61	2	3	"	10	3.77
14th	29.91	.21	61	54	67	8	18	"	7	3.77
15th	30.11	.20	64	55	71	8½	19	NE. to SE.	63	
16th	30.29	.11	67	58	76	9	14	"	2	

REMARKS.—10th, Very light rain early A.M. 11th, Cloudy P.M. 12th, rain commenced at 5 P.M., with an interval early in the evening; tempest with thunder and lightning late P.M. and early A.M. of the 13th, followed by heavy rain nearly all day and night. The heaviest storm occurring in August for many years. 14th, Rain early A.M., variable P.M. 16th, variable sky P.M., with strong wind.

Sent Free by Mail on Receipt of Price.

Practical Observations on the Diseases of the Joints Involving Anchylosis, and on the Treatment of the Restoration of Motion, by B. E. BRODHURST, M.D. \$1.40.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

To Medical Teachers. To Let—The

rooms built for and occupied by the N. Y. PREPARATORY SCHOOL OF MEDICINE, situated at No. 72 East 18th Street, near 4th Avenue, consisting of a lecture room, faculty room, waiting room for patients, one general, and four private dissecting rooms, each supplied with gas and water, and communicating with the sewer. This is the only place, it is believed, in the city where facilities for PRIVATE DISSECTING are afforded. Apply to Prof. C. A. Budd, No. 9 West 18th Street.

Medical Corps of the Navy.—A board

of Naval Surgeons is now in session at the Naval Hospital, Brooklyn, to examine candidates wishing to enter the Navy as Assistant Surgeons.

Fifty-one vacancies were made by a recent Act of Congress increasing the corps. Medical gentlemen wishing to enter the Navy, should apply to the Secretary of the Navy, stating age (not to exceed 25 years), place of birth, and residence, accompanying their request with testimonials of moral character.

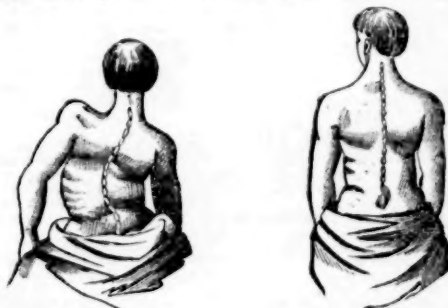
Sent Free by Mail on Receipt of Price.

Meteorology, from the Encyclopædia

Britannica, by Sir J. F. W. Herschel. 12mo. Edinburgh, 1861. \$1.60. BAILLIERE BROTHERS, 440 Broadway, N. Y.

Jerome Kidder's Electro-Magnetic

MACHINE.—A superior electro medical apparatus for the cure of a great variety of nervous, acute, and chronic disorders. It has several different currents, adapted for different cases. [Patented Sept. 18th, 1860.]



State of Patient before treatment.

State of Patient after 35 days.

The above cuts represent the case of W. S. (merchant), New York, treated by Dr. Whiton, 190 Dean street, Brooklyn. The patient was brought from a frightful state of spinal curvature to a straight position in 35 days.

TESTIMONIALS.

NEW YORK, March 30th, 1861.
Having used one of Jerome Kidder's Patent Electro-Magnetic Machines in our Institution, we can recommend it as the best instrument made for applying electro-magnetism for disease.

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